

Chapter Four

Food Package - Formula

Overview

Policy

The Arizona WIC Program will issue rebated formula to partially breastfed or non-breastfed infant participants, except under special circumstances.

In This Chapter

This chapter is divided into eight (8) sections which detail the special circumstances in which non-rebated formulas will be issued and Local Agency responsibilities, as well as seven (7) appendices.

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Section A

Food Packages for Formula Fed Infants – Issuance of Exempt Special Formula

Policy

A written medical authorization from a health professional with prescriptive authority is required prior to the issuance of any special formula to meet the medical and nutritional needs of the WIC clients.

Evaluation and approval in AIM of the prescribed formula by the Local Agency Nutritionist or approved Local Agency Registered Nurse is required. Nutritionists must meet the requirements as defined in Chapter 7, Section D.

Registered Nurses must have a four year degree and specialize in infant and child health. Registered Nurses must also have been trained in the Arizona In Motion (AIM) system and approved by the Local Agency's state level Nutrition Consultant.

In the absence of a Nutritionist or approved Registered Nurse, a one-month supply of the prescribed formula may be issued pending the Local Agency approval, with the exception of regular non-contract formulas. All contract formulas should first be tested and eliminated as a result of the medical condition.

Definition of Exempt Formula

Infant formula intended for use by infants who have inborn errors of metabolism, low birth weight, or who otherwise have a documented medical or dietary condition.

Medical/ Prescriptive Authority

Medical authorization is only accepted from persons with prescriptive authority:

- Medical Doctor (M.D.)
 - Doctor of Osteopathy (D.O.)
 - Physician Assistant (P.A.)
 - Nurse Practitioner (N.P.)
-

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Section A

Food Packages for Formula Fed Infants – Issuance of Exempt Special Formula (Continued)

Written Medical Authorization (Prescription)

The written prescription shall contain the participant's name and the following information:

- Date of prescription
 - Name of formula
 - Type of formula (i.e. ready-to-feed, powder, or concentrate)
 - Diagnosis or explanation of need
 - Duration
 - Signature of the prescriptive authority requesting formula (Signature stamps and Facsimiles are acceptable)
-

Verbal Medical Authorization

Verbal prescriptions are acceptable, but shall be documented in the participant's record and followed up with a written prescription within 30 days.

Incomplete Written Medical Authorizations

Incomplete written prescriptions shall be followed up with a phone call to obtain missing information, provided the prescription has the signature of the prescriptive authority. The missing information will be documented in the Notes Section of the Food Package screen of the AIM system.

Concerns

Upon review of the prescription, any concerns should be discussed with the prescriptive authority.

Challenge

When a formula has been prescribed, a different formula cannot be challenged or issued without first obtaining approval from the health care provider who prescribed the formula. Authorization is also required with the change from a special formula to a contract formula if the change is prior to the prescription expiration date. This change should be documented in the Care Plan screen under the Notes section of AIM.

Monitoring

During a Management Evaluation (ME), the state will review the usage rate and participant files for unapproved issuance of non-contract formulas and corrective action and financial penalties may be taken for unauthorized issuance of non-contract formulas.

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Section B

Special Formula Issuance and AHCCCS Policy

Policy

The formula provided by WIC for infants must be appropriate to their age and medical condition. It must be nutritionally complete and meet all federal guidelines specified for Food Package I, and II: Contract brand infant formulas that are iron fortified and do not require the addition of any ingredients other than water, exempt infant formulas, and WIC eligible medical foods make up these packages.

Procedure

Issuance of any formula other than contract requires a doctor's prescription and completion of the following:

A) Infant medical formula

- 1) Review the Arizona WIC Formula List (Reference: Chapter 4, Appendix C) determine if the formula requested has been designed as a nutritionally complete infant formula.
- 2) Check AIM to determine if a food package is available, which meets the needs of the infant.
- 3) If the medical formula requested is an adult nutritional or developed for a child over one year of age, explain to the authorized representative that this is not an approved WIC formula for an infant.
- 4) Inform the participant that WIC cannot supply the prescribed adult formula.
- 5) Check with the attending doctor to make sure of his order and see if another infant formula can be issued.

B) AHCCCS tube feeding

- 1) When a request comes in for medical nutritional therapy for a tube feeding for an Arizona Health Care Cost Containment System (AHCCCS) client, the WIC staff should refer the client back to their AHCCCS primary care doctor for coordination. The tube feeding formula is a covered AHCCCS expense and should be processed as a prior authorization.

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Section B

Special Formula Issuance and AHCCCS Policy (Continued)

Procedure (Continued)

- 2) If the AHCCCS client receives both tube feeding formula and oral supplemental nutritional feeding, both products are a covered AHCCCS expense and should be processed as a prior authorization. (Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form is not required)

C) AHCCCS commercial oral nutritional supplements

- 1) When a request comes in for an oral supplemental nutritional feeding for an AHCCCS client, WIC staff should follow the procedures below:
 - a) WIC nutritionist will assess if client meets at least two of the following criteria from the AHCCCS EPSDT Policy 430 Requirements to determine medical necessity:
 - (1) At or below the 10th percentile for age and gender for three months or more.
 - (2) Reached a plateau in growth or nutritional status for more than six months.
 - (3) Demonstrated a medically significant decline in weight for three months or more.
 - (4) Consumes/eats no more than 25% of his or her nutritional requirements from age appropriate foods.
 - (5) Absorption problems as evidenced by emesis, diarrhea, dehydration, and/or weight loss and intolerance to milk or formula products have been ruled out.
 - (6) Nutritional supplements needed on a temporary basis due to an emergent condition.

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Section B

Special Formula Issuance and AHCCCS Policy (Continued)

Procedure (Continued)

C) AHCCCS commercial oral nutritional supplements (Cont.)

- b) If a client meets two or more of the AHCCCS criteria, WIC staff will refer them back to their primary care doctor to process and submit the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form to the Health Care Plan. You may provide the client with a copy of the AHCCCS referral letter (Reference: Chapter 4, Appendix E).
 - (1) WIC staff will issue a supply of formula each month until AHCCCS approval is completed.
 - (2) If commercial oral nutritional supplements coverage is denied by the Health Care Plan, WIC staff should contact the State Office for follow up.
- c) If two criteria are not met, the WIC nutritionist will tailor the appropriate package to meet the client's needs.

D) Food package tailoring for children and women with special dietary needs

- 1) The goal of the food package tailoring guidelines is to ensure that all participants receive the Arizona WIC food package that best meets their individual nutritional and dietary needs. Packages for women and children with special dietary needs (Food Package III) may receive food packages that are tailored when formula needs are being supplied by an outside source such as AHCCCS or another insurer.
 - a) Only the WIC staff nutritionist should complete food package prescription tailoring for special needs women and children.
 - b) Tailoring should be coordinated with the participants supervising doctor to assure that the participant is allowed food items that they can consume.
 - c) The local agency WIC nutritionist will prescribe food packages developed by the Arizona WIC Program that directly corresponds to the nutrition counseling given.

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Section B

Special Formula Issuance and AHCCCS Policy (Continued)

E) Food package tailoring for children and women with special dietary needs (Continued)

- d) Document in the AIM care plan the reason for the food package tailoring.
- e) Follow up with the attending physician will be done by the local agency WIC nutritionist on a regular basis to assure that the food package continues to meet the needs of the participant.

NOTE: WIC participants may receive formula from AHCCCS and a food package from the Arizona WIC Program.

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Section C

Issuance of Formula for the Preterm Infant

Policy

Feeding recommendations for infants born < 37 weeks gestation include introduction to cow's milk at 12 months **corrected** age.

Corrected age (CA) is based on the age the infant would be if the pregnancy had actually gone to term. The CA is calculated by subtracting the number of weeks premature from the actual age in months.

- Example: If an infant was 6 weeks premature and the infant's actual age is 10 months old, then:
 $10 \times 4 = 40$ weeks – 6 weeks = 34 weeks or 8 ½ months

It is at the local agency Nutritionist's or referring medical provider's discretion to extend the use of infant formula to 12 months **corrected** age.

Procedure

The local agency nutritionist will base feeding recommendations of the preterm infant on birth weight, nutritional status, developmental stage, and continued monitoring of growth.

- If the need for continued formula is apparent, the participant will be referred back to their medical provider to obtain a prescription for the continuation of formula.
 - One month of formula food instruments may be issued to allow time for the participant to return to their medical provider for a completed prescription. This should be documented in the Notes section of AIM.
 - The participant must return the completed prescription to the local agency to continue to receive formula food instruments at the following appointment
-

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Section D

Food Packages for Formula Fed Infants – Issuance of Low Iron Formula

Policy

A written medical authorization for low-iron formula can be accepted and food instruments issued only when the following medical conditions exist:

- Vitamin E hemolytic anemia (0-3 months of age)
- Thalassemia Major (Cooley's anemia)
- Iron overload secondary to repeat blood transfusion
- Iron utilization anemia (sideroblastic anemia)
- Hemochromatosis

Note: Spitting up, diarrhea, constipation, and colic are not acceptable reasons for issuing low-iron formula.

The American Academy of Pediatrics Committee on Nutrition's Position Paper recommends that iron-fortified formula be used for all formula fed infants.

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Section E

Food Packages for Formula Fed Infants – Issuance of Regular Non-Contract Formula

Policy

Contract brand infant formulas will be issued to all WIC infants unless there is medical documentation for an exempt infant formula. It is important to help infant caregivers understand that WIC is a supplemental nutrition program and formula is not provided by entitlement. Non-contract infant formulas that are nutritionally equivalent will not be issued and prescriptions will not be accepted for a healthy infant.

Issuance of non-contract formula is reserved by prescription only under the following circumstances and under no other exceptions:

- Transition to an alternate contract formula is medically contraindicated for pre or post-operative recovery where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
- NICU discharge warrants continuation of a tolerated non-contract formula to avoid weight loss in the recovery of a previous Failure to Thrive infant (WIC risk 134) or infant who has experienced inadequate growth (WIC risk 135).
- Infants with a medical birth history of a congenital defect (WIC risk 341) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
- Infants with a medical history of central nervous system disorders (WIC risk 348) and genetic/congenital disorders (WIC risk 349) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.

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Section E

Food Packages for Formula Fed Infants – Issuance of Regular Non-Contract Formula (continued)

Definition of Regular Non- Contract Formula

Regular non-contract formula as defined by cost containment measures includes standard iron-fortified milk-based, soy-based, and lactose-free formulas that are nutritionally equivalent to contract brand formulas (i.e. Enfamil Lipil, Prosobee Lipil, Enfamil Gentlease, Enfamil Lactofree, Good Start Essentials Soy, Good Start Supreme, Good Start Supreme DHA and ARA, and Good Start Supreme Soy DHA and ARA.)

Local Agency Responsibility

The local agency will contact the state food package specialist or a state nutritionist for approval when a prescription is received for non-contract formula after assessing that the infant meets one of the four aforementioned criteria. Approval and relevant medical information shall be documented in the care plan in AIM.

One month of formula may not be issued without prior state approval.

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Food Packages for Children and Women with Special Dietary Needs

Introduction

Children and women with special dietary needs may receive formula if a physician determines that the participant has a medical condition, which precludes or restricts the use of conventional foods and necessitates the use of formula.

These medical conditions include, but are not limited to, metabolic disorders, inborn errors of amino acid metabolism, gastrointestinal disorders, malabsorption syndrome and allergies.

Policy

A written medical authorization from a health professional with prescriptive authority is required for any special formula to meet the medical and nutritional needs of the WIC clients.

Evaluation and approval in AIM of the prescribed formula by the Local Agency Nutritionist or approved Local Agency Registered Nurse is required. Nutritionists must meet the requirements as defined in Chapter 7, Section D.

Registered Nurses must have a four year degree and specialize in infant and child health. Registered Nurses must also have been trained in the Arizona In Motion (AIM) system and approved by the Local Agency's state level Nutrition Consultant.

In the absence of a Nutritionist or approved Registered Nurse, a one-month supply of the prescribed contract or exempt formula may be issued pending the Local Agency approval.

Limitations

Formulas may not be authorized solely for the purpose of enhancing nutrient intake or managing body weight of child and women participants. 7CFR 246.10 (c)(3)

Medical/ Prescriptive Authority

Medical authorization is only accepted from persons with prescriptive authority:

- Medical Doctor (M.D.)
- Doctor of Osteopathy (D.O.)
- Physician Assistant (P.A.)
- Nurse Practitioner (N.P.)

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Food Package - Formula

Section F

Food Packages for Children and Women with Special Dietary Needs (Continued)

Written Medical Authorization

The written prescription shall contain the participant's name and the following information:

- Date of prescription
- Name of formula
- Type of formula (i.e. ready-to-feed, powder, or concentrate)
- Diagnosis or explanation of need
- Duration
- Signature of the prescriptive authority requesting formula (Signature stamps are acceptable)

Note: Facsimiles are acceptable

Verbal Medical Authorization

Verbal prescriptions are acceptable, but shall be documented in the Food Package screen of the participant's record and followed up with a written prescription within 30 days.

Incomplete Written Medical Authorizations

Incomplete written prescriptions shall be followed up with a phone call to obtain missing information, provided the prescription has the signature of the prescriptive authority; and the missing information will be documented in the Notes Section of the Food Package screen of the AIM system.

Concerns

Upon review of the prescription, any concerns should be discussed with the prescriptive authority.

Metabolic Formulas

Medical conditions that warrant the use of special metabolic formulas must be coordinated with the state Metabolic Dietitian within the Bureau of USDA Nutrition Programs.

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Section F

Food Packages for Children and Women with Special Dietary Needs (Continued)

Maximum Formula

A maximum formula food package will be issued when the Local Agency Nutritionist documents the need in the participant's record on the Food Package screen in the AIM system. Maximum formula food packages (up to the maximum allowed by federal regulation) may also be issued on an individual basis (e.g., when the client must purchase an entire case in order to receive a certain formula and a maximum package may need to be given to accommodate the vendor).

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Section G

Issuance of Special Formula – Conditions for PediaSure Issuance

Acceptable Conditions

A written medical authorization for PediaSure can be accepted and food instruments issued only when the following conditions exist:

- Current assignment of Risk 103 (Underweight*) and
- Assignment of Risk 103 for the immediately preceding certification period or
- Other medical conditions not-related to weight (i.e.: tube feeding)

*Underweight defined: Birth to 2 years, less than or equal to fifth percentile weight for length. Two to 5 years, less than or equal to fifth percentile BMI for age.

PediaSure is intended for children one year of age and older and cannot be provided to infants.

WIC Approval

Issuance of PediaSure requires the Local Agency to:

- Complete a diet assessment, if applicable, and keep on file
 - Educate the authorized representative on the alternate methods of weight gain. This will be documented in the Notes section of the Care Plan screen of the AIM system
-

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Section H

Issuance of Special Formula – Local Agency Responsibilities

Policy

Exempt formulas, non-contract formulas, and low-iron formulas will be issued only to those participants who have a demonstrated and documented need. However, the need must be a result of a medical condition. All contract formula should first be tested and then eliminated as a result of the medical condition.

Documentation

Written prescriptions will be kept on file.

Unauthorized Issuance Reimbursement

Local Agencies may be required to reimburse the State Agency for all unauthorized issuance of non-contract and exempt special formulas detected during Management Evaluations or review of AIM reports. Unauthorized issuance of a non-contract or exempt special formula means:

- Lack of written medical authorization on file.
 - Lack of Notes on the Food Package screen in the AIM system explaining exceptions.
 - Issuance of a regular non-contract formula that does not meet one of the four criteria in Section E of this chapter.
 - Lack of state approval for issuance of non-contract infant formula.
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Section H

Issuance of Special Formula – Local Agency Responsibilities (continued)

Procedure

Resolving circumstances for non-contract/special formula requests:

- Personal Preference
 - Local agency staff will discuss the reasoning for the preferred formula
 - Discuss the participant's experience with any of the contract formulas
 - Recommendations will be made for a comparable contract formula and issued to the participant
 - Participant states intolerance to contract formula
 - Explain to the participant or caregiver that WIC is a supplemental nutrition program and formula is not provided by entitlement. Non-contract infant formulas that are nutritionally equivalent will not be issued and prescriptions will not be accepted for a healthy infant. (See Section E for the four eligible criteria for the issuance of non-contract formula.)
 - The local agency nutritionist will complete the "Alternate Formula Screening" form (See Appendix B)
 - If it is determined through the screening with the nutritionist that the intolerance is the result of improper formula preparation or inappropriate feeding, education will be provided and the appropriate contract formula will be issued.
 - Out of state transfer using non-contract formula
 - Explain to the participant or caregiver transferring into Arizona that each state may have different contract brand formulas. Provide education on the nutritionally equivalent Arizona state contract formulas.
 - Recommendations will be made for the transition to a comparable contract formula and issued to the participant.
 - The local agency nutritionist will complete the "Alternate Formula Screening" form to rule out any intolerance issues resulting from improper formula preparation or inappropriate feeding practices.
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Appendix A: How to Calculate Formula Volume

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Food Package - Formula

Appendix A: How to Calculate Formula Volume

Maximum Quantity

The maximum quantity of infant formula provided by the WIC Program monthly is 128 ounces of unprepared powder, 806 ounces of ready to feed formula and 403 ounces of concentrated formula. This is equivalent to:

- 31 cans (13 fluid ounces each) of concentrated formula
- 25 cans (32 fluid ounces each) of ready to feed formula
- 9 cans (12.9 ounces each) of powdered formula
- 8 cans (14.3 ounces each) of powdered formula

Standard Caloric Content

Similac Advance, Isomil Advance, and Similac Sensitive yield twenty (20) kilocalories/ounce when prepared according to the directions on the product label.

Formula Volume Calculation

To Calculate Formula Volume:

1. Calculate the approximate amount of formula (in ounces) the client consumes each day and multiply it by the number of days in the month to give the total monthly volume.
2. Determine the ounces of prepared formula one (1) can of formula will provide. Prepared ounces will vary by formula.
3. Divide the total monthly volume by the ounces one (1) can of prepared formula provides to establish the approximate number of cans the client will need for the month.

Example: Baby is partially breastfed and consuming about 12 ounces of prepared Similac Advance powdered formula each day. The Similac Advance powdered formula can size is 12.9 ounces.

12 ounces per day X 31 days = 372 ounces per month

1 -12.9 ounce can of Similac Advance = 96 fl. ounces prepared

372 ounces per month / 96 fl ounces prepared = 3.875 cans

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Round 3.875 up to 4 cans per month.

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Appendix B: Alternate Formula Screening Form

**WOMEN, INFANTS AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM
ALTERNATE FORMULA SCREENING FORM**

INSTRUCTIONS: Complete for participant who indicates a problem with Similac Advance, Isomil Advance, or Similac Sensitive formula.

Participant's Name: (Last, First)

Birth date

ID#

Physician's Name-Telephone Number:

LA#/Clinic#/Interviewer Code:

Formula History:

Name of Special Formula/Package#

Time Period of Authorization (by Nutritionist)

From:

To:

Screening for Problems(s) with Formula Preparation, Feeding, or Storage:

1. How is the formula being prepared? _____
2. How is the prepared formula being stored? _____
3. After baby is fed what is done with formula left in the bottle? _____
4. How many ounces of formula is the baby drinking during the day? _____
5. How are you holding the baby during feedings? _____
6. How often do you burp the baby? _____
7. Have any solid foods been started? _____

Circle the correct answer after reviewing questions 1-7 with parent/guardian.

8. Is the formula:

- a. Properly diluted? YES NO
b. Prepared in a sanitary manner? YES NO
c. Adequately refrigerated? YES NO

9. Is the Infant:

- a. Being overfed? YES NO
b. Positioned correctly for feeding? YES NO
c. Burped at necessary intervals? YES NO

Check the Symptom(s) reported by the parent/guardian from the use of Similac Advance, Isomil Advance, or Similac Sensitive:

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea | <input type="checkbox"/> | <input type="checkbox"/> | Skin rash |
| <input type="checkbox"/> | <input type="checkbox"/> | Vomiting | <input type="checkbox"/> | <input type="checkbox"/> | Congestion |
| <input type="checkbox"/> | <input type="checkbox"/> | Watery, frothy stools | <input type="checkbox"/> | <input type="checkbox"/> | Chronic runny nose |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal distension | <input type="checkbox"/> | <input type="checkbox"/> | Wheezing |
| <input type="checkbox"/> | <input type="checkbox"/> | Bloody stool | <input type="checkbox"/> | <input type="checkbox"/> | Coughing |
| <input type="checkbox"/> | <input type="checkbox"/> | Colicky abdominal pain | <input type="checkbox"/> | <input type="checkbox"/> | Family history of cow's milk allergy |

Check the following conditions to further evaluate reported problems:

YES NO

- ☐ ☐ Family history of soy allergy
☐ ☐ Family history of corn allergy
☐ ☐ Infant recently has been taking medicine. If yes, specify: _____
☐ ☐ Infant recently been sick or had a fever.
☐ ☐ Other: _____

Screening Results: (Initials) _____

- ☐ ☐ Based on screening, current formula is appropriate.
☐ ☐ Problem appears to be due to improper feeding or storage. Participant's parent/guardian counseled.
☐ ☐ Possible milk allergy or lactose intolerance - may need Isomil Advance or Similac Sensitive.
☐ ☐ Other: _____

Care Plan:

Nutritionist's Name (Print) & Signature:

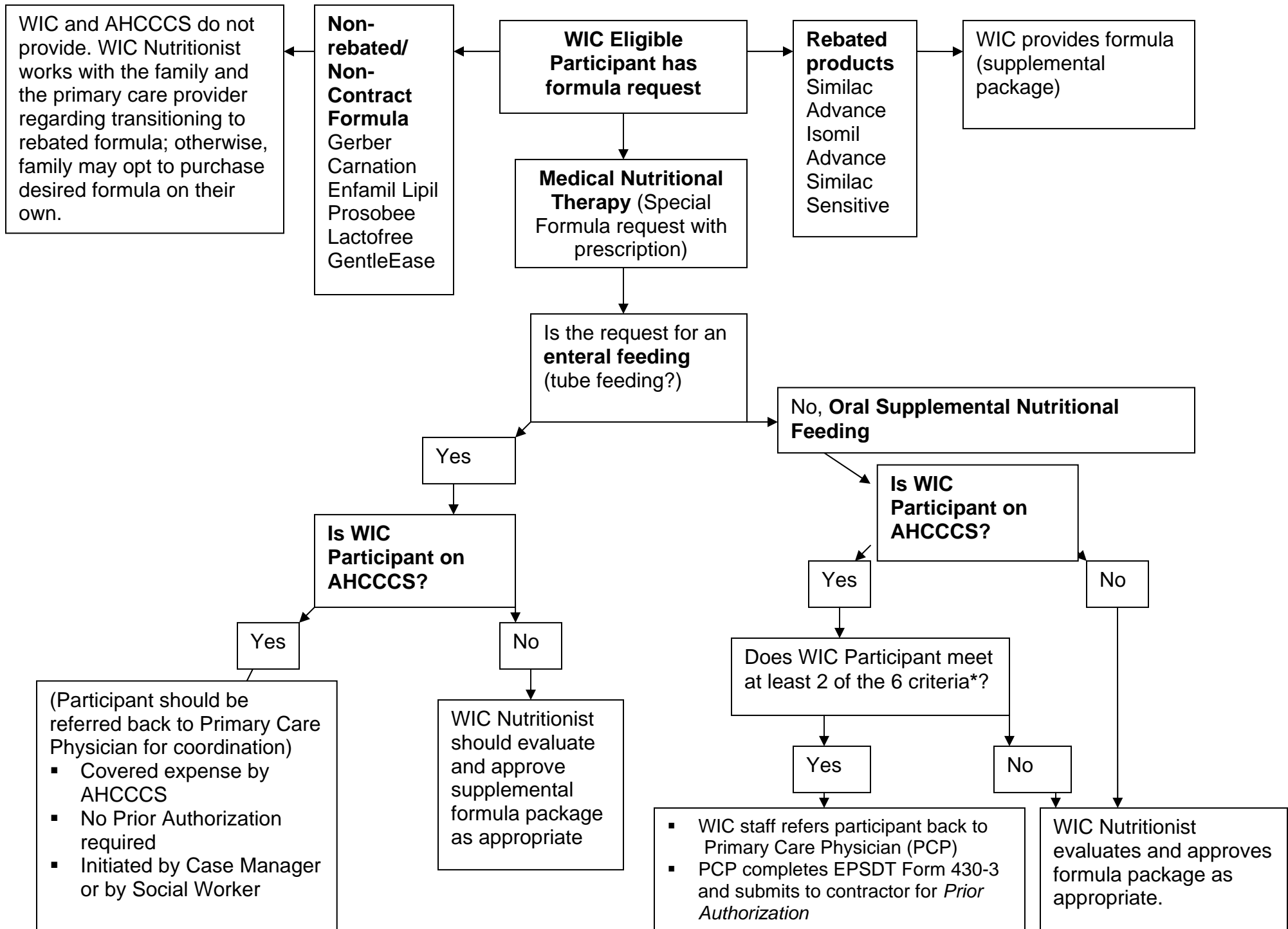
Date:

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Appendix C: Arizona WIC/AHCCCS Formula Coverage Flow Chart

WIC/AHCCCS Formula Coverage Flowchart



Chapter Four

Food Package - Formula

Appendix D: Arizona WIC Formula List

ARIZONA WIC FORMULA LIST

FFY 2008

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	WRITTEN APPROVAL?		DESCRIPTION	INDICATIONS	ISSUANCE INFORMATION	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Acerflex</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form - Powder Category - M/P	X		Isolucine, leucine and valine-free medical food. Not intended as a sole source of nutrition.	For children with maple syrup urine disease. Not intended for infants under 1 year of age.	Non-grocery store pharmacy special order. Pineapple.		454g can – 4 cans/case	
<u>Alitra Q</u> Manufacturer – Ross Form – Powder Category – A	X		A complete formula: contains soy/ lactalbumin hydrolysate, cornstarch/ sucrose/fructose and safflower/ fractionated coconut oils; 30 cal/oz. NOTE: Only available in Europe.	For patients with impaired GI function.	Pharmacy special order. Vanilla.		2.68 oz. packet – 24 pkts/case	
<u>BCAD 1</u> Manufacturer – Mead Johnson Form - Powder Category - M/I/P	X		An isoleucine, leucine and valine-free iron-fortified formula. Contains increased levels of B-vitamins for cofactor production. Appropriate amounts of leucine, isoleucine, and valine must be supplied by other foods. Not intended as a sole source of nutrition.	For infants and toddlers with maple syrup urine disease (MSUD) or other inborn errors of branched chain amino acid metabolism.	Non-grocery store pharmacy special order.		16 oz. can – 6 cans/case	
<u>BCAD 2</u> Manufacturer – Mead Johnson Form - Powder Category - M/P/A	X		Amino acid modified, branched-chain amino acid-free, medical food with iron. Appropriate amounts of leucine, isoleucine, and valine must be supplied by other foods. Not intended as a sole source of nutrition. 24g protein/100g powder.	For children and adults with maple syrup urine disease or other inborn errors of branched chain amino acid metabolism.	Non-grocery store pharmacy special order.		16 oz. can – 6 cans/case	
<u>Boost</u> Manufacturer - Novartis Form - RTU Category – A	X		Nutritionally complete, lactose-free, low-osmolality, liquid supplement, 30cal/oz. Comparable formula: Ensure.	For adults requiring dietary supplementation (e.g. pre- and post-operative nutrition).	Retail. Vanilla, chocolate, strawberry, chocolate mocha, butter pecan, chocolate malt.			8 oz. can – 24 cans/case

M=Metabolic I=Infant P=Pediatric A=Adult

ARIZONA WIC FORMULA LIST

FFY 2008

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	WRITTEN APPROVAL?		DESCRIPTION	INDICATIONS	ISSUANCE INFORMATION	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Boost Diabetic</u> Manufacturer – Novartis Form – RTU Category -A	X		Nutritionally complete, lactose free, low-osmolality, liquid supplement, 30 cal/oz.	For adults with diabetes mellitus or glucose intolerance.	Pharmacy special order. Vanilla, chocolate, strawberry.			8 oz Tetra Brik® Paks 27/case
<u>Boost High Protein</u> Manufacturer – Novartis Form – Powder, RTU Category – A	X		High Protein oral supplement. Lactose-free, contains casein/soy, corn syrup/sucrose, and corn oil: 30 cal/oz. Comparable formula: Ensure HP.	For volume restriction or weight gain.	Pharmacy special order. Vanilla, chocolate, strawberry. Powdered formula available in vanilla.		1 lb. can – 6 cans/case	8 oz. can – 24 cans/case 32 oz. can – 6 cans/case
<u>Boost Plus</u> Manufacturer – Novartis Form – RTU Category – A	X		Complete high calorie, low residue, lactose free, nutrition in limited volume; 45 cal/oz. Comparable formula: Ensure Plus.	For volume restriction or weight gain.	Pharmacy special order. Vanilla, chocolate, strawberry.			8 oz. can – 24 cans/case
<u>Boost Pudding</u> Manufacturer – Novartis Form – RTU Category - A	X		Nutritionally complete supplement in pudding form. 240cal/5 oz., Comparable formula: Ensure Pudding.	For persons with chewing or swallowing problems.	Pharmacy special order. Vanilla, chocolate, butterscotch.			5 oz. can – 4 cans/carton
<u>Boost with Benefiber</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, lactose-free, low-osmolality, liquid supplement with fiber. Comparable formulas: Ensure with Fiber. Fiber containing supplement or tube feeding providing 30 cal/oz.	For maintenance of bowel regularity in long-term tube-fed persons. For patients with gastrointestinal disease.	Pharmacy special order. Vanilla, chocolate and orange cream.			8 oz. can – 24 cans/case 8 oz. can – 24 cans/case

M=Metabolic I=Infant P=Pediatric A=Adult

ARIZONA WIC FORMULA LIST

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(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	WRITTEN APPROVAL?		DESCRIPTION	INDICATIONS	ISSUANCE INFORMATION	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Bright Beginnings Ultra</u> Manufacturer –PBM Products Form – Powder Category - I	X		Milk based infant formula. High in DHA and ARA fatty acids. Comparable formulas: Enfamil LIPIL, Similac w/iron.	Infants 0-12 months.	Retail. Unflavored.		31.7 oz can – 6 cans/case	
<u>Bright Beginnings Ultra Gentle</u> Manufacturer –PBM Products Form – Powder Category - I	X		Milk based infant formula. Whey protein is partially broken down. High in DHA and ARA fatty acids. Comparable formula: Enfamil Gentlease LIPIL.	Infants 0-12 months with gas.	Retail. Unflavored.		24 oz can – 6cans/case	
<u>Bright Beginnings Ultra Soy</u> Manufacturer –PBM Products Form – Powder Category - I	X		Soy based infant formula. High in DHA and ARA fatty acids. Comparable formulas: Prosobee, Isomil and Good Start Soy.	Infants 0-12 months.	Retail. Unflavored.		31.7 oz can – 6cans/case	
<u>Bright Beginnings Ultra 2</u> Manufacturer –PBM Products Form – Powder Category – I/P	X		Milk based formula for older infants, with DHA and ARA fatty acids. Comparable formulas: Enfamil, Similac, Good Start.	Older infants 4 months and older.	Retail. Unflavored.		31.7 oz can – 6 cans/case	
<u>Bright Beginnings Pediatric Drink</u> Manufacturer – PBM Products Form - RTU Category - P	X		Nutritionally complete, lactose-free, gluten-free supplement for oral or tube feeding. 30cal/oz. Comparable formulas: Pediasure, Kindercal and Nutren Junior.	For children 1-10 years of age who need a nutritionally complete supplement or require total nutrition support. Some medical conditions may necessitate issuing to older infants.	Retail. Vanilla.			8 oz. can – 24 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Bright Beginnings Soy Pediatric Drink</u> Manufacturer – PBM Products Form – RTU Category - P	X		Nutritionally complete, lactose free, cow's milk protein-free supplement for oral or tube feeding. 30cal/oz.	For children 1-10 years of age who need nutritionally complete 30 cal/oz. soy supplement or require total nutrition support for lactose intolerant/cow milk protein allergic clients. Some medical conditions may necessitate issuing to older infants.	Retail. Vanilla.			8 oz. can – 24 cans/case
<u>Calciol XD</u> Manufacturer - Ross Form - Powder Category - M/I	X		Low-calcium, vitamin D-free, infant formula; nutritionally complete for all nutrients except calcium, phosphorus and vitamin D. 22cal/oz.	For infants whose calcium and/or vitamin D intake must be restricted, as in hypercalcemia. Use under strict medical supervision. Some medical conditions may necessitate issuing to children.	Retail or pharmacy special order.		14.1 oz.(400 g) can – 6 cans/case	
<u>Compleat</u> Manufacturer - Novartis Form - RTU Category - A	X		Blenderized, lactose-free, gluten-free, nutritionally balanced supplement made from natural foods. Contains fiber. 32cal/oz.	For persons requiring long term tube feeding.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Compleat Pediatric</u> Manufacturer - Novartis Form - RTU Category - P	X		Blenderized, nutritionally balanced, lactose-free, gluten-free, formulated from natural foods with fiber. 30cal/oz.	For children requiring long-term, total or supplemental tube feeding. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Complex MSUD Drink Mix</u> Manufacturer – Applied Nutrition Form - Powder Category –M/P/A	X		A metabolic food product containing a blend of amino acids, carbohydrate and fat. It is isoleucine, leucine and valine free. 1 scoop=40g with 10g of protein equivalent.	For children and adults with maple syrup urine disease. Not for infants under one year old. Must be used in combination with low protein foods to complete a nutritionally balanced diet.	Non-grocery store pharmacy special order. Vanilla.		454g (1 lb) can – 4 cans/case	

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<u>Crucial</u> Manufacturer - Nestle Form - RTU Category - A	X		Nutritionally complete, high-calorie, high-protein, lactose-free, gluten-free, low-cholesterol and elemental tube feeding supplement. 50% of fat is MCT oil. 45cal/oz.	For persons with burns, malabsorption, head injury and chronic pressure ulcers who need restricted fluid intake, increased energy and protein needs and malabsorption.	Pharmacy special order. Unflavored.			250 ml can – 24 cans/case
<u>Cyclinex 1</u> Manufacturer - Ross Form - Powder Category - M/I/P	X		Non-essential amino acid-free medical food with iron.	For infants and toddlers with proven urea cycle disorder or gyrate atrophy or HHH Syndrome. Use only under medical supervision.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>Cyclinex 2</u> Manufacturer - Ross Form - Powder Category - M/P/A	X		Non-essential amino acid-free medical food with iron.	For infants and toddlers with proven urea cycle disorder or gyrate atrophy or HHH Syndrome. Use only under medical supervision.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>Diabetisource AC</u> Manufacturer - Novartis Form - RTU Category - A	X		Lactose-free, gluten-free, blenderized, nutritionally balanced supplement made from natural foods. 30cal/oz.	For persons with type I or II diabetes. For patients with diabetes and stress induces hypoglycemia.	Pharmacy special order.			250 ml can – 24 cans/case
<u>EleCare</u> Manufacturer - Ross Form - Powder Category - I/P	X		Nutritionally complete hypoallergenic amino acid-based medical food with iron for oral or tube feeding. 20 cal/oz. is the standard dilution for infant feeding. 30 cal/oz. is the standard dilution for children over 1 year of age.	For infants or children older than 1 year of age with severe malabsorption, severe food allergies and/or GI tract impairment.	Pharmacy special order. Unflavored can be used for infants and vanilla is for children over 1.		14.1 oz. can – 6 cans/case	
<u>Enfamil AR LIPIL</u> Manufacturer – Mead Johnson Form – Powder, RTU Category – 1	X		Contains DHA and ARA. Contains lactose, rice starch, maltodextrin as CHO which increases viscosity; 20 cal/oz.	For infants with gastroesophageal reflux. Not designed for pre-term infants	Retail.		12.9 oz. can – 6 cans/case	32 oz. can 6 cans/case 3 oz. nursette bottles – 48 btls/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil EnfaCare LIPIL</u> Manufacturer – Mead Johnson Form – Powder, RTU Category – I	X		Contains DHA and ARA; corn syrup, cow's milk, and soy/coconut/safflower oils; 22 cal/oz. Comparable formulas: Similac Neosure Advance (22 cal).	For premature infants with increased caloric, calcium and phosphorus needs. For short-term use only to avoid over-nutrition.	Retail.		12.8 oz. can – 6 cans/case	3 oz. nursette bottles – 48 btl/case
<u>Enfamil Human Milk Fortifier</u> Manufacturer – Mead Johnson Form – Powder Category – I	X		Contains no iron. Increases levels of protein, calories, calcium, phosphorus, and other nutrients: contains whey, corn syrup solids. 3.5 calories per 0.025 oz. packet (1 packet added to 25 ml of breast milk yields 24 Kcal. oz.) Comparable formula: Similac Natural Care.	For low birth weight infants who are receiving breast milk. If greater than 25 packets are used daily, monitor for evidence of excessive vitamin A and vitamin D.	Pharmacy special order.		.025 oz. packet– 100 pkts/ carton – 2 crtns/ case	
<u>Enfamil LactoFree- LIPIL</u> Manufacturer – Mead Johnson Form – Conc., Powder, RTU Category – I	X		Contains DHA and ARA; lactose-free, contains cow's milk, corn syrup, and palm/soy/coconut/sunflower oils; 20 cal/oz. Comparable formulas: Prosobee Lipil, Good Start Supreme Soy DHA/ARA, Similac Lactose Free Advance.	For lactose-intolerant infants who can digest cow's milk protein. Preferred AZ. WIC Program infant formula due to rebate.	Retail.	13 oz. can – 12 cans/ case	12.9 oz. can – 6 cans/case 25.7 oz. can- 6 cans/case	32 oz. can – 6 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil LIPIL with Iron</u> Manufacturer – Mead Johnson Form – Conc., Powder, RTU Category – I	X		Contains DHA and ARA; lactose, casein lactalbumin, and soy/coconut oils (corn oil in powder); 20 cal/oz. Comparable formula: Similac Advance with Iron.	Adequate for most healthy term infants. Preferred AZ. WIC Program infant formula due to rebate.	Retail.	13 oz. can 12 cans/case	12.9 oz. can – 6 cans/case	3 oz. nursette bottles- 48 btls/case 8 oz. can – 16 cans/case 32 oz. cans – 6 cans/case
<u>Enfamil LIPIL 24 w/Iron</u> Manufacturer – Mead Johnson Form - RTU Category – I	X		Contains DHA and ARA. Same as Enfamil LIPIL w/Iron 20cal/oz. but concentrated to 24cal/oz.	For infants having difficulty ingesting adequate volume to meet needs, e.g., cyanotic heart disease, broncho-pulmonary dysplasia, fluid restriction, or oral motor feeding problems.	Pharmacy special order.			3 oz. bottle – 48 btls/case
<u>Enfamil Next Step Prosobee LIPIL</u> Manufacturer – Mead Johnson Form – Powder Category – P	X		Contains DHA/ARA. Soy protein, palm/soy/coconut/sunflower oils corn syrup/sucrose, iron fortified; 20 cal/oz. Comparable formulas: Good Start Supreme Soy DHA/ARA.	Soy protein-based, iron-fortified formula for healthy toddlers who cannot tolerate cow's milk but eating a mixed diet; for children 9-24 months.	Retail. or pharmacy special order.		24 oz. can – 6 cans/case	
<u>Enfamil Next Step LIPIL</u> Manufacturer – Mead Johnson Form – Powder Category – P	X		Contains DHA/ARA. Iron-fortified, milk-based formula for infants and toddlers, 9–24 months, who are eating solid foods.	For infants and children age 9-24 months. Infant/Child should be eating solid foods.	Retail.		24 oz. can – 6 cans/case	

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil</u> <u>Nutramigen LIPIIL</u> Manufacturer – Mead Johnson Form – Conc., Powder, RTU Category – I	X		Contains DHA/ARA. Hypoallergenic casein hydrolysate, lactose-free, sucrose-free infant formula with iron. Does not contain MCT oil; 20cal/oz. Comparable formulas: Alimentum Advance.	For infants with sensitivity to intact milk protein or other foods, severe or persistent diarrhea.	Retail.	13 oz. can – 12 cans/case	16 oz. can – 6 cans/case	3 oz. btls- 48 btls/case 6 oz btls- 24 btls/case 32 oz. can – 6 cans/case
<u>Enfamil</u> <u>Pregestimil LIPIIL</u> Manufacturer – Mead Johnson Form – Powder, RTU Category – I	X		Contains DHA/ARA. Contains hydrolyzed casein, corn syrup/tapioca, and MCT/corn oils; 20 cal/oz. Comparable formulas: Nutramigen Lipil, Alimentum Advance, Infant Neocate.	Complete Formula for infant with severe malabsorption problems due to cystic fibrosis, etc.	Pharmacy special order.		1 lb. can – 6 cans/case	
<u>Enfamil</u> <u>Premature LIPIIL</u> <u>(20 kcal)</u> <u>(Low Iron)</u> Manufacturer – Mead Johnson Form – RTU Category – I	X		Contains DHA and ARA. Contains whey and cow's milk protein (60:40) corn syrup/lactose, MCT/soy/coconut oils; 20 cal/oz. Low iron. Comparable formulas: Similac Special Care Advance (20 cal), Similac NeoSure Advance (22 cal).	For low birth weight infant; up to 7-1/2 lbs; complete formula for infants.	Non-grocery store pharmacy special order.			3 oz. nursette bottles – 48 btls/case
<u>Enfamil</u> <u>Premature LIPIIL</u> <u>(20 Kcal)</u> <u>(with Iron)</u> Manufacturer – Mead Johnson Form – RTU Category – I	X		Contains DHA and ARA. Contains whey and cow's milk protein (60:40), corn syrup/lactose, MCT/soy/coconut oils; 20 cal/oz. Comparable formulas: Similac Special Care Advance (20 cal), Similac NeoSure Advance (22 cal).	For low birth weight infants; up to 7-1/2lbs; complete formula for infants.	Non-grocery store pharmacy special order.			3 oz. nursette bottles – 48 btls/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil</u> <u>Premature LIPIL</u> <u>(24 kcal)</u> <u>(Low Iron)</u> Manufacturer – Mead Johnson Form – RTU Category – I	X		Contains DHA and ARA. Contains whey and cow's milk protein (60:40) corn syrup/lactose, MCT/soy/coconut oils; 24 cal/oz. Low iron. Comparable formulas: Similac Special Care (20 cal), Similac NeoSure (22cal).	For low birth weight infant; up to 7-1/2 lbs.	Non-grocery store pharmacy special order.			3 oz. nursette bottles – 48 btls/case
<u>Enfamil</u> <u>Premature LIPIL</u> <u>24 w/Iron</u> Manufacturer – Mead Johnson Form - RTU Category - 1	X		Contains DHA/ARA. Whey protein (60:40) dominant iron-fortified infant formula ;40% of fat is MCT oil. If more than 12oz. is used per day, intake of some nutrients, e.g., fat soluble vitamins may be excessive. Comparable formulas: Special Care Advance 24 w/Iron.	For premature and low birth weight infants until they reach a weight of 5 pounds 8 ounces.	Non-grocery store pharmacy special order.			3 oz. nursette bottles – 48 btls/case 268 bottles
<u>Enfamil Prosobee</u> <u>LIPIL</u> Manufacturer – Mead Johnson Form – Conc., Powder Category – I	X		Milk-free, lactose-free, sucrose-free, and iron-fortified infant formula with soy protein; 20cal/oz. Comparable formulas: Similar to Similac Isomil Advance.	For infants with cows milk allergy, lactose intolerance or galactosemia. Powder should be supplied to infants with galactosemia. Some medical conditions may necessitate issuing to children. Preferred AZ. WIC Program infant formula due to rebate.	Retail.	32 oz. can— 6 cans/case	12.9 oz. can – 6 cans/case	3 oz. nursette bottles— 48 btls/ case 6 oz. nursette bottles— 24 btls./case 8 oz. can- 16 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Ensure</u> Manufacturer – Ross Form – RTU. POW Category – A	X		Complete, lactose-free, low-sodium, low-cholesterol, gluten free, low residue formula; contains soy/caseinates, and corn syrup/caseinates, and corn/soy oils; 31.3 cal/oz. Comparable formula: Nutren 1.0.	For patients with medical, surgical, or physiological stress For children over 4 years and adults.	Pharmacy special order. Strawberry, butter pecan, vanilla, chocolate, strawberry cream and coffee latte.			8 oz. can – 24 cans/case 32 oz. cans or bottles – 6 cans or btls/case – 1 oz (397 grams) POW 6/case
<u>Ensure Fiber w/Nutraflora FOS</u> (formerly Enrich) Manufacturer –Ross Form – RTU Category – A	X		High-fiber, lactose-free, complete formula for intolerance to low residue feedings: contains caseinates/soy. Cornstarch/sucrose, and corn oil. 31.3 cal/oz. Comparable formulas: Nutren with Fiber, Replete with Fiber.	For patients with medical, surgical, or physiological stress For children over 4 years and adults.	Pharmacy special order. Vanilla and chocolate.			8 oz. can – 24 cans/case
<u>Ensure Healthy Moms Shake</u> Manufacturer - Ross Form - RTU <u>Category - A</u>	X		Lactose-free, gluten-free, supplement. 25cal/oz.	For pregnant and nursing moms with a medical condition requiring added calories.	Retail. Creamy milk chocolate, homemade vanilla.			8 oz. can – 24 cans/case
<u>Ensure High Calcium</u> Manufacturer - Ross Form - RTU Category - A	X		Nutritionally complete supplement, 400mg calcium 8oz can. 28cal/oz.	For persons requiring dietary supplementation, e.g., pre and post operative nutrition.	Pharmacy special order. Vanilla and chocolate.			8 oz. can – 24 cans/case
<u>Ensure High Protein</u> Manufacturer – Ross Form – RTU Category – A	X		Complete high nitrogen, lactose free, low residue formula for patients with increased nitrogen needs and/or fluid restriction; contains soy/caseinates, corn syrup/sucrose, and corn oil; 28.8	For children over 4 years and adults.	Pharmacy special order. Chocolate, banana, berry and vanilla.			8 oz. Cans or bottles – 24 cans/case

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			cal/oz. Comparable formulas: Nutren 1.0, Resource.					
Ensure Plus Manufacturer – Ross Form – RTU Category – A	X		Complete high calorie, lactose-free, low sodium, low residue, gluten free, low cholesterol Formula; contains soy/caseinates, corn syrup/sucrose, and corn oil; 45 cal/oz. Comparable formulas: Resource Plus, Nutren 1.5.	For children over 4 years and adults. Fluid restrictions or required volume limited feedings.	Pharmacy special order. Vanilla, Chocolate, Strawberry, and Butter Pecan.			8 oz. can – 24 cans/case, 32 oz bottle – 6/case
Ensure Plus HN Manufacturer - Ross Form - RTU Category - A	X		Nutritionally complete, high-calorie, high-nitrogen oral supplement. 44cal/oz.	For persons with restricted fluid intake, increased energy and protein needs.	Pharmacy special order. Vanilla, Chocolate, Strawberry Cream, Butter Pecan and Coffee Latte.			8 oz. can – 24 cans/case
F.A.A. Manufacturer - Nestle Form - RTU Category - A	X		Nutritionally complete, low fat, Lactose-free, low-cholesterol, gluten-free, 100% free amino acid oral of tube feeding supplement. 25% of fat is MCT oil. 30cal/oz.	For persons with severely impaired gastrointestinal function.	Pharmacy special order.			250 ml can – 24 cans/case
Fibersource Manufacturer – Novartis Form – RTU Category – A	X		Complete lactose and gluten free formula with fiber, contains caseinates, cornstarch/soy fiber, and MCT/canola oils; 36 cal/oz. Comparable formulas: Jevity, Glucerna, Nutren with Fiber.	For person with abnormal bowel functions, extended inactivity.	Pharmacy special order.			250 ml can – 24 cans/case

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<u>Fibersource HN</u> Manufacturer – Novartis) Form – RTU Category – A	X		High nitrogen complete formula with fiber. Contains caseinates, cornstarch/soy fiber, and MCT/canola oils; 36 cal/oz. Comparable formulas: Jevity, Ensure Plus HN.	For persons with abnormal bowel functions and increase protein needs.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Forta Drink</u> Manufacturer – Ross Form – Powder Category – A	X		Flavored, high protein, high calorie, low fat, lactose free incomplete formula; contains whey, sucrose; 85 cal/ ¼ cup powder.	For people requiring additional protein and supplemental nutrition; or low-fat diet; or clear liquid diet.	Pharmacy special order. Orange or fruit punch.		16.8 oz. can – 4 cans/case	250 ml can – 24 cans/case
<u>Forta Shake</u> Manufacturer – Ross Form – Powder Category – A	X		Flavored, high calorie, high protein, milk based, low-fat incomplete formula; contains nonfat milk, sucrose/lactose; 290 cal/ 4 oz mix with 1 cup whole milk. Comparable formulas: Carnation Instant Breakfast.	For people requiring additional protein and supplemental nutrition.	Pharmacy special order. Vanilla, Strawberry, Eggnog, Dutch Chocolate. (Chocolate is 1 lb, 2.7 oz. can).		16.6 oz. can (Chocolate is 1 lb, 2.7 oz. can) – 4 cans/case	250 ml can – 24 cans/case
<u>GA</u> Manufacturer – Mead Johnson Form - Powder Category - M/I/P/A	X		A lysine and tryptophan-free, iron-fortified product. Contains increased B-vitamins for cofactor production. 1 unpacked level scoop = 4.5 g powder.	For infants, children and adults with glutaric acidemia type I.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. cans – 6 cans/case	250 ml can – 24 cans/case
<u>Gentlease LIPIL</u> Manufacturer - Mead Johnson Form - Powder Category - I/P	X		Contains DHA/ARA. Iron-fortified, nutritionally complete infant formula with reduced lactose (25% the lactose of a full lactose milk-based formula) and partially hydrolyzed nonfat cow milk protein and whey protein concentrate; 20cal/oz.	For the routine feeding of infants; may ease symptoms of formula intolerance. Some medical conditions may necessitate issuing to children. Preferred AZ. WIC Program infant formula due to rebate.	Retail.		12 oz. can – 6 cans/case	

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<u>Glucerna</u> Manufacturer – Ross Form – RTU Category – A	X		Nutritionally complete; low carbohydrate, high fat, gluten and lactose-free; contains caseinates, cornstarch/fructose, and safflower/soy oils; 30 cal/oz.	For children and adults with abnormal glucose tolerance (e.g. diabetes hyperglycemia).	Pharmacy special order. Vanilla.			8 oz. can – 24 cans/case
<u>Glutarex 1</u> Manufacturer - Ross Form - Powder Category - M/I/P	X		Amino acid modified medical food with iron. Lysine and tryptophan-free.	For infants and toddlers with glutaric aciduria type 1.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>Glutarex 2</u> Manufacturer - Ross Form - Powder Category - M/P/A	X		Amino acid modified medical food with iron. Lysine and tryptophan-free.	For children and adults with glutaric aciduria type 1.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>Glutasorb</u> Manufacturer – Hormel Health Labs Form - RTU Category - A	X		Low-residue, gluten-free, lactose free, free amino acid peptide based elemental tube feeding supplement. 30cal/oz.	For tube-fed persons with inflammatory Bowel Disease, Short Bowel Syndrome, Chemotherapy, radiotherapy, malabsorption, and Crohn's disease requiring a high-glutamine, elemental diet.	Pharmacy special order.			8 oz. can – 24 cans/case
<u>Glytrol</u> Manufacturer - Nestle Form - RTU Category - A	X		Nutritionally balanced supplement for persons with diabetes. 20% of fat is MCT oil. 30cal/oz. Comparable formulas: DiabetiSource, Choice DM, and Glucerna.	For persons with type 1 or II diabetes.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Good Start 2 Essentials</u> Manufacturer - Nestle Form – Conc., Powder, RTU	X		Nutritionally complete infant formula with partially hydrolyzed 100% whey protein and additional calcium and iron. Has LCPUFA's docosahexaenoic acid (DHS) and arachidonic acid (ARA) added.	For the routine feeding of infants and toddlers 9-24 months.	Retail.	13 oz. can	12 oz. can – 6 cans/case	

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Category – I			20cal/oz.					
<u>Good Start Supreme</u> Manufacturer - Nestle Form – Conc., Powder, RTU Category – I	X		Nutritionally complete iron-fortified infant formula with partially hydrolyzed 100% whey protein. 20cal/oz.	For the routine feeding of infants. Some medical conditions may necessitate issuing to children.	Retail.	13 oz. can – 12 cans/case	12 oz. can – 6 cans/case	8.45oz can – 24 cans/case
<u>Good Start 2 Supreme DHA/ARA</u> Manufacturer - Nestle Form - Powder Category - I	X		Nutritionally complete infant formula with partially hydrolyzed 100% whey protein and additional calcium and iron. Has LCPUFA's docosahexaenoic acid (DHA) and arachidonic acid (ARA) added. 20cal/oz.	For the routine feeding of infants and toddlers 9-24 months.	Retail.		12 oz. can – 6 cans/case	250 ml can – 24 cans/case vanilla
<u>Good Start Supreme DHA/ARA</u> Manufacturer - Nestle Form - Conc., Powder, RTU Category – I	X		Nutritionally complete, iron-fortified infant formula with partially hydrolyzed 100% whey protein. Has LCPUFA's docosahexaenoic acid (DHA) and arachidonic acid (ARA) added. . 20cal/oz.	For the routine feeding of infants. Some medical conditions may necessitate issuing to children.	Retail.	13 oz. can – 12 cans/case	12 oz. can – 6 can/case	32 oz. can
<u>Good Start Supreme Soy DHA/ARA</u> Manufacturer - Nestle Form - Conc., Powder, RTU Category – I	X		Nutritionally complete iron-fortified infant formula with partially hydrolyzed soy protein. Has LCPUFA's docosahexaenoic acid (DHA) and arachidonic acid (ARA) added. 20cal/oz.	For the routine feeding of infants. Some medical conditions may necessitate issuing to children.	Retail.	13 oz. can – 12 cans/case	12.9 oz. can – 6 cans/case	32 oz. can – 6 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Good Start 2 Supreme Soy</u> <u>DHA/ARA</u> Manufacturer - Nestle Form - Conc., Powder, RTU Category - I	X		Nutritionally complete iron-fortified infant formula with partially hydrolyzed soy protein. Has LCPUFA's docosahexaenoic acid (DHA) and arachidonic acid (ARA) added. 20cal/oz.	For the routine feeding of infants and toddlers 9-24 months.	Retail.	13 oz. can	12.9 oz. can – 6 cans/case	
<u>HCY 1</u> Manufacturer – Mead Johnson Form - Powder Category - M/I/P	X		Methionine-free medical food with cystine and iron added. Care must be taken to provide enough methionine to support growth, using other foods with this amino acid as required. Increased B vitamins for cofactor production. Not intended as a sole source of nutrition.	For infants and toddlers with homocystinuria.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	32 oz. can – 6 cans/case
<u>HCY 2</u> Manufacturer – Mead Johnson Form - Powder Category - M/P/A	X		Methionine-free medical food with iron. Care must be taken to provide enough methionine to support growth, using other foods with this amino acid as required. Not intended as a sole source of nutrition.	For children and adults with homocystinuria.	Non-grocery store pharmacy special order. Vanilla flavor.		16 oz. can – 6 cans/case	32 oz. can – 6 cans/case
<u>Hepatic Aid II</u> Manufacturer - Hormel Health Labs Form - Powder Category - A	X		Essential and non-essential amino acid supplement high in branched chain amino acids, carbohydrates and fats oval or tube feeding supplement 35cal/oz.	For persons with chronic liver disease.	Pharmacy special order. Chocolate, eggnog, custard.		86.2g/packet – 24 pkts/case	32 oz. can
<u>HOM 1</u> Manufacturer – Milupa North America Form – Powder Category – M/I	X		L-amino acids free of methionine, enriched with vitamins and minerals.	For infants with homocystinuria due to cystathioninesynthase deficiency (vitamin B-6 independent form).	Non-grocery store pharmacy special order.		500g can – 2 cans/case	

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>HOM 2</u> Manufacturer – Milupa North America Form – Powder Category – M/P	X		L-amino acids free of methionine, enriched with vitamins and minerals.	For children with homocystinuria due to cystathioninesynthase deficiency (vitamin B-6 independent form).	Non-grocery store pharmacy special order.		500g can – 2 cans/case	
<u>Hominex 1</u> Manufacturer – Ross Form – Powder Category – M/I/P	X		Amino acid modified medical food with iron. Methionine-free.	For infants and toddlers with vitamin B-6 non-responsive homocystinuria.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>Hominex 2</u> Manufacturer – Ross Form – Powder Category – M/P/A	X		Amino acid modified medical food with iron. Methionine-free.	For children and adults with vitamin B-6 non-responsive homocystinuria.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>I Valex 1</u> Manufacturer – Ross Form – Powder Category – M/P/A	X		Amino acid modified medical food with iron. Leucine-free.	For infants and toddlers with isovaleric academia or other disorders of leucine catabolism.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>I Valex 2</u> Manufacturer – Ross Form – Powder Category – M/P/A	X		Amino acid modified medical food with iron. Leucine-free.	For children and adults with isovaleric academia or other disorders of leucine catabolism.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>IMPACT</u> Manufacturer – Novartis Form – RTU Category – A	X		Lactose-free, gluten-free, low-residue enteral formula for critically ill persons. 30cal/oz.	For persons with trauma, e.g., major surgery or burns.	Pharmacy special order.			250 ml can – 24 cans/case
<u>IMPACT w Fiber</u> Manufacturer – Novartis Form – RTU Category – A	X		Lactose-free, gluten-free enteral formula with fiber for critically ill persons. 30cal/oz.	For persons with trauma, e.g. major surgery, burns.	Pharmacy special order.			250 ml can – 24 cans/case

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<u>IMPACT 1.5</u> Manufacturer – Novartis Form – RTU Category – A	X		Lactose-free, gluten-free, low-residue enteral formula for critically ill persons. Contains MCT oil. 45cal/oz.	For persons who are fluid restricted with trauma, e.g., major surgery, burns.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Isocal</u> Manufacturer – Novartis Form – RTU Category – A	X		Isotonic lactose-free, nutritionally complete, low residue feeding with ultra-trace minerals; contains soy/caseinates, maltodextrin, and MCT/soy oils; 31 cal per oz. Comparable Formulas: Osmolite, Nutren 1.0.	For persons with increased nutrient needs.	Pharmacy special order. Unflavored.			250 ml can – 24 cans/case
<u>Isocal HN</u> Manufacturer – Novartis Form – RTU Category – A	X		High nitrogen, isotonic, nutritionally complete low residue formula; contains caseinates, corn syrup, and soy/MCT oils; 31 cal/oz. Comparable Formulas: Osmolite HN, Nutren 1.0.	For persons needing high protein, high calorie diets.	Pharmacy special order. Unflavored.			250 ml can – 24 cans/case
<u>Isosource</u> Manufacturer – Novartis Form – RTU Category – A	X		Lactose, gluten and fiber free, complete formula; contains soy/caseinates, cornstarch, MCT, Canola oils: 36 cal/oz. Comparable Formulas: Isocal, Osmolite, Nutren 1.0.	For persons with increased nutrient needs.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Isosource 1.5 Cal</u> Manufacturer – Novartis Form – RTU Category – A	X		Lactose-free, gluten-free, high-calorie, high-nitrogen, complete liquid formula with fiber. Contains Benefiber, and Nutrishield (microbial protection). Used for tube feedings. 45cal/oz.	For persons experiencing fluid restriction and/or, increased calories, protein and fiber.	Pharmacy special order.			8 oz. can 24 cans/case 32 oz. can 6 cans/case
<u>Isosource HN</u> Manufacturer – Novartis Form – RTU Category – A	X		Lactose, gluten and fiber free, complete formula: contains soy/caseinates, cornstarch, MCT/canola oils and Nutrishield (microbial protection).; 36 cal/oz. Comparable formulas: Ensure Plus	For persons with elevated protein and calorie needs.	Pharmacy Special Order.			8 oz. can 24 cans/case 32 oz. can 6 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
			HN, Nutren 1.0 and 1.5, Osmolite HN.					
<u>Jevity 1 Cal</u> (formerly Jevity) Manufacturer – Ross Form – RTU Category – A	X		High nitrogen, isotonic, lactose free, complete formula with fiber and iron; contains caseinates, cornstarch, and safflower, canola/MCT oil. For tube-feeding – short term or long term 31.3 cal/oz. Comparable formulas: Nutren with Fiber, Glucerna.	For persons with increased nutrient need and/or reduced calorie requirements.. Acceptable for children over 4 years and adults.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Jevity 1.2 Cal (formerly Jevity Plus)</u> Manufacturer – Ross Form – RTU Category – A	X		Nutritionally complete, high-nitrogen, isotonic nutritional tube feeding supplement with fiber. 36cal/oz.	For persons requiring a formula with increased calories, protein and fiber.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Ketocal</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P	X		Nutritionally complete, high-fat, low-carbohydrate medical food.	For children over 1 year of age with intractable epilepsy. Ketogenic diet therapy.	Pharmacy special order.		300g can – 6 cans/case	250 ml can – 24 cans/case
<u>Ketonex 1</u> Manufacturer – Ross Form – Powder Category – M/I/P	X		Branched-chain amino acid free medical food with iron.	For infants and toddlers with branched-chain ketoaciduria (maple syrup urine disease).	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	8 oz. can – 24 cans/case 32 oz. can
<u>Ketonex 2</u> Manufacturer – Ross Form – Powder Category – M/P/A	X		Branched-chain amino acid free medical food with iron.	For children and adults with branched-chain ketoaciduria (maple syrup urine disease).	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	8 oz. can – 24 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Kindercal</u> Manufacturer – Mead Johnson Form – RTU Category – P	X		Isotonic, lactose free nutritionally complete formula for supplement or sole source of nutrition: contains whey, sucrose, corn sunflower/MCT oils; 32cal/oz. Comparable formulas: Pediasure, Resource Just for Kids.	Retail. For children 1 to 10. Vanilla, chocolate flavors.	Retail.			8 oz. can – 24 cans/case
<u>Kindercal w/Fiber</u> Manufacturer – Mead Johnson Form – RTU Category – P	X		Nutritionally complete, lactose-free oral supplement with fiber. 20% of fat is MCT oil. Osmolality: vanilla 440; 32cal/oz. Comparable formulas: Pediasure, Resource Just for Kids.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Retail. Vanilla.			8 oz. can – 24 cans/case
<u>Kindercal TF</u> Manufacturer – Mead Johnson Form – RTU Category – P	X		Nutritionally complete, isotonic, lactose-free supplement. 20% of fat is MCT oil. Oral or tube feeding. Similar to Pediasure Enteral. Osmolality: 345; 32cal/oz.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Institutional only. Vanilla.			8 oz. can – 24 cans/case
<u>Kindercal TF w/Fiber</u> Manufacturer – Mead Johnson Form – RTU Category – P	X		Nutritionally complete, isotonic, lactose-free supplement with fiber. 20% of fat is MCT. Oral or tube feeding; Osmolality: 345; 32 cal/oz/ Comparable formulas: Pediasure Enteral w/Fiber.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Institutional only. Vanilla.			8 oz. can – 24 cans/case
<u>L Emental</u> Manufacturer – Hormel Health Labs Form – Powder Category – A	X		High-nitrogen, elemental diet containing 4.5 g of elemental Arginine per serving, fortified with zinc, and supplemented with Vitamin C and Vitamin E. 30 cal/oz.	For persons with pressure ulcers, post-surgical wounds, burns, and other wounds.	Pharmacy special order. Lemon Lime and Orange.		.37 oz. packet – 50 pkts/case	8 oz. can – 16 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>LMD</u> Manufacturer – Mead Johnson Form – Powder Category – M/I/P/A	X		A leucine-free, iron-fortified product. Contains increased B-vitamins for cofactor production. Sucrose added. 1 unpacked level scoop = 4.5g.	For infants, children and adults with disorders of leucine metabolism (including isovaleric academia).	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	8 oz. can – 24 cans/case
<u>Lophlex</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/A	X		Phenylalanine-free, amino acid based drink mix with 10g protein per 14.3 g packet. Designed for low volume intake.	For children over age 9, adults, and pregnant women with PKU requiring a phenylalanine free dietary product.	Non-grocery store pharmacy special order. Orange, Berry.		14.3g packet	
<u>MCT Oil</u> Manufacturer – Novartis Form – RTU Category – I/P/A	X		8.3cal/g, 100% fat.	For persons with decreased pancreatic lipase, decreased bile salts, fat malabsorption, or defective lymphatic transport of fat.	Pharmacy special order.			3 oz. bottles— 48 btls/case 32 oz. can – 6 cans/case
<u>MSUD Analog</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Isoleucine, leucine and valine-free infant formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition.	For infants with maple syrup urine disease.	Non-grocery store pharmacy special order. Unflavored		400g can – 4 cans/case	
<u>MSUD Maxamaid</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P	X		Isoleucine, leucine and valine-free formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Not intended for infants under 1 year of age.	For children aged 1 to 8 years with maple syrup urine disease.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	
<u>MSUD Maxamum</u> Manufacturer – Nutricia North America, (formerly	X		Isoleucine, leucine and valine-free formula. Contains a balanced mixture of all other essential and non-essential amino acids,	For children over 8 years of age and women with maple syrup urine disease, including maternal MSUD.	Non-grocery store pharmacy special		454g can – 4 cans/case	32 oz. bottle – 6 btls/case

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	Yes	No				Conc.	Powder	Ready-to-Use
SHS North America) Form – Powder Category – M/A			carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Not intended for children under 8 years of age.		order. Orange.			
<u>MSUD1</u> Manufacturer – Milupa North America Form – Powder Category – M/I	X		L-amino acids free of isoleucine, leucine and valine, enriched with vitamins and minerals. Nutritionally incomplete. Adequate amounts of fat, carbohydrate, isoleucine, leucine and valine must be included in the diet.	For infants with maple syrup urine disease, hypervolemia, a-methyl-acetoacetic aciduria, ketotic hypoglycemia, hyperprolinemia type II, with hyperleucine-isoleucinemia.	Non-grocery store pharmacy special order. Unflavored.		500g can – 2 cans/case	
<u>MSUD 2</u> Manufacturer – Milupa North America Form – Powder Category – M/P	X		L-amino acids free of isoleucine, leucine and valine, enriched with vitamins and minerals. Nutritionally incomplete. Adequate amounts of fat, carbohydrate, isoleucine, leucine and valine must be included in the diet.	For children with maple syrup urine disease, hypervolemia, a-methyl-acetoacetic aciduria, ketotic hypoglycemia, hyperprolinemia type II, with hyperleucine-isoleucinemia.	Non-grocery store pharmacy special order. Unflavored.		500g can – 2 cans/case	
<u>Nepro</u> Manufacturer – Ross Form – RTU Category – A	X		Moderate protein, low electrolyte, low fluid, gluten and lactose free, high calorie formula; Contains caseinates, corn starch/sucrose, NutraFlora® FOS to promote GI-tract health, and safflower/soy oils. Low in phosphorus, potassium, and calcium. 54 cal/oz.	For dialyzed patients with chronic or acute renal failure.	Pharmacy special order. Homemade vanilla, mixed berry and, butter pecan.			8 oz. can – 24 cans/case
<u>Infant Neocate</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – I	X		Hypoallergenic formula. All free amino acids, lactose free, complete infant formula; contains free amino acids, corn syrup and safflower/coconut/soy oils; 20 cal/oz. Comparable to: Alimentum, Pregestimil, Nutramigen.	For allergies or intolerance, such as: cow and soy milk allergy, multiple food protein intolerance, short bowel syndrome, eosinophilic esophagitis, or gastroesophageal reflux.	Pharmacy special order.		14 oz. can – 4 cans/case	

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Neocate Junior</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category - P	X		Nutritionally complete, milk-free, gluten-free, lactose-free, elemental diet for oral or tube feeding. Contains 100% free amino acids. 35% of fat is MCT oil. Not intended for infants under 1 year of age. 30cal/oz.	For children with GI impairment (e.g. short bowel syndrome), malabsorption, or multiple protein intolerance.	Pharmacy special order. Unflavored or Tropical.		400g can – 4 cans/case 10-400g (14.1oz) cans make approximately 615oz unflavored, 1T= 7g; 1c=105g tropical fruit, 1T=6g; 1c=85g	
<u>Neocate One+</u> (Not same as Neocate) Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder only (RTU version is Pediatric E028) Category – P	X		Lactose gluten, soy and cow's milk free, elemental, complete formula; contains all free amino acids, maltodextrin/sucrose and MCT/canola oils; 30 cal/oz. prepared. Comparable formula: Vivonex Pediatric.	For children ages 1-10 years with allergies or digestive disorders.	Pharmacy special order.		3.5 oz. Packet (100 g) – 10 pkts/case 40-100g pkts make approximately 540 oz.	8 oz. can – 24 cans/case
<u>Next Step LIPIL</u> Manufacturer – Mead Johnson Form – Powder Category – I/P	X		Contains DHA/ARA. Iron-fortified, milk-based infant formula with added calcium; 20cal/oz. Comparable formulas: Similac 2 advance and Good Start 2 Essentials.	For routine feeding of toddlers 9-24 months of age, who are eating solids.	Retail.		24 oz. can – 6 cans/case	32 oz. can – 6 cans/case
<u>Next Step ProSobee LIPIL</u> Manufacturer – Mead Johnson Form – Powder Category – I/P	X		Contains DHA/ARA. Soy-based, lactose-free infant formula with added calcium; 20cal/oz. Formerly named Next Step Soy. Comparable formulas: Isomil 2 Advance.	For routine feeding of infants 9-24 months of age with an allergy or sensitivity to cow's milk, for those eating solids.	Retail.		24 oz. can – 6 cans/case	32 oz. can – 6 cans/case

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<u>NovaSource Pulmonary</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, high-protein, calorically dense formula. Contains MCT oil. 45cal/oz.	For persons with limited respiratory function (e.g., chronic obstructive pulmonary disease (COPD).	Pharmacy special order.			32 oz. can – 6 cans/case
<u>NovaSource Renal</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue, high-calorie formula. Contains MCT oil. 60cal/oz.	For persons with acute or chronic renal failure, electrolyte restricted, or fluid restriction.	Pharmacy special order.			8 oz. box – 27 boxes/case
<u>Nutren 1.0</u> Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue, low-osmolality, oral or tube feeding supplement 25% of fat is MCT oil. 30cal/oz. Compatible formulas: Ensure.	For persons requiring a tube feeding or oral supplement.	Pharmacy special order. Vanilla or unflavored.			250 ml can – 24 cans/case
<u>Nutren 1.0 w/Fiber</u> Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue, low-osmolality, oral or tube feeding supplement with fiber. 25% of fat is MCT oil. 30cal/oz.	For persons requiring a tube feeding with fiber or oral supplement.	Pharmacy special order. Vanilla or unflavored.			250 ml can – 24 cans/case
<u>Nutren 1.5</u> Manufacturer – (Formerly Clintec) Form – RTU Category – A	X		Nutritionally complete, high calorie, isotonic, lactose and gluten free, low residue, oral and tube feeding supplement 45 cal/oz. Compatible formula: Sustacal Plus, Ensure Plus, Ensure Plus HN, Resource Plus, Comply, Ultralan.	For persons with increased calories and /or fluid restriction.	Pharmacy special order. Vanilla or unflavored.			8 oz. box – 27 boxes/case vanilla

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<u>Nutren 2.0</u> Manufacturer – Nestle (Formerly Clintec) Form – RTU Category – A	X		Nutritionally complete, high calorie, isotonic, lactose and gluten free, low residue, oral and tube feeding supplement; 45 cal/oz. Comparable formula: Deliver 2.0 Nepro, Two Cal HN, Magnacal.	For persons with very high calorie needs or fluid restriction.	Pharmacy special order. Vanilla.			250 ml can – 24 cans/case
<u>Nutren Fiber</u> Manufacturer – Nestle (Formerly Clintec) Form – RTU Category – A	X		Nutritionally complete, isotonic, lactose and gluten free, oral and tube feeding supplement with fiber 30 cal/oz. Comparable formula: Jevity, FiberSource, Ensure Fiber w/ Nutraflora FOS.	For persons who require increased calories and nutrients; prevents constipation and diarrhea and diarrhea in tube fed patients.	Pharmacy special order. Vanilla or unflavored.			250 ml can – 24 cans/case
<u>Nutren Junior</u> Manufacturer – Nestle Form – RTU Category – P	X		Nutritionally complete, lactose-free, gluten-free, low-residue oral and tube feeding supplement 25% of fat is MCT oil; 30cal/oz. Comparable formula: Pediasure, Resource just for Kids, and Kindercal.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants. For persons who require increased calories and nutrients; prevents constipation and diarrhea and diarrhea in tube fed patients.	Pharmacy special order. Vanilla.			250 ml can – 24 cans/case
<u>Nutren Junior w/Fiber</u> Manufacturer – Nestle Form – RTU Category – P	X		, Nutritionally complete, lactose-free, gluten-free, low-residue oral and tube feeding supplement with fiber 21% of fat is MCT oil; 30cal/oz. Comparable formula: Pediasure w/Fiber, Resource just for Kids w/Fiber, and Kindercal w/Fiber.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order. Vanilla.			250 ml can – 24 cans/case

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NutriHep Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid formula. 70% of fat is MCT oil. 45cal/oz.	For persons with hepatic disease.	Pharmacy special order. Unflavored.			25 ml can – 24 cans/case
NutriRenal Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, high-calorie, lactose-free, gluten-free, low-residue formula 50% of fat is MCT oil. 60cal/oz.	For persons undergoing dialysis with acute or chronic renal failure.	Pharmacy special order. Unflavored, vanilla.			250 ml can – 24 cans/case
NutriPulmonary Manufacturer – Nestle (Formerly Clintec) Form – RTU Category – A	X		Low carbohydrate, lactose and gluten free, low residue, kosher, complete formulas contains caseinates, cornstarch, and safflower/canola/MCT oils; 31.3 cal/oz. Comparable formula: Pulmocare, Resporator.	For person who need increased calorie and protein, but decreased respiratory quotient (pulmonary disease).	Pharmacy special order.			250 ml can – 24 cans/case
OA 1 Manufacturer – Mead Johnson Form – Powder Category – M/I/P	X		An isoleucine, methionine, threonine and valine-free, iron-fortified product. Not nutritionally complete. Increased levels of B-vitamins for cofactor production. Sucrose added. 1 unpacked level scoop=4.5g powder.	For infants or toddlers with propionic academia or methylmalonic academia. OA stands for organic acid.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	250 ml can – 24 cans/case
OA 2 Manufacturer – Mead Johnson Form – Powder Category – M/P/A	X		An isoleucine, methionine, threonine and valine-free, iron-fortified product. Not nutritionally complete. Increased levels of B-vitamins for cofactor production. Sucrose added. 21g protein equivalent/100 powder. 1 packed level scoop = 16g powder.	For children or adults with propionic academia or methylmalonic academia. OA stands for organic acid.	Non-grocery store pharmacy special order. Vanilla flavor.		16 oz. can – 6 cans/case	250 ml can – 24 cans/case
Optimental Manufacturer – Ross Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue elemental formula for oral or tube feeding. Contains MCT oil. 30cal/oz.	For persons with malabsorption disorders, e.g., Crohn's disease, metabolic stress, or acute trauma.	Non-grocery store pharmacy special order. Vanilla.			250 ml can – 24 cans/case

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Formula Name	WRITTEN APPROVAL?		DESCRIPTION	INDICATIONS	ISSUANCE INFORMATION	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>OS 1</u> Manufacturer – Milupa North America Form – Powder Category – M/I	X		L-amino acids free of isoleucine, methionine, threonine and valine, enriched with vitamins and minerals. May contain 100mg isoleucine/100g powder.	For infants with propionic academia or methylmalonic aciuduria.	Non-grocery store pharmacy special order.		500g can – 2 cans/case	
<u>OS 2</u> Manufacturer – Milupa North America Form – Powder Category – M/P	X		L-amino acids free of isoleucine, methionine, threonine and valine, enriched with vitamins and minerals. May contain 150mg isoleucine/100g powder. Adequate amounts of fat, carbohydrate and the 4 above amino acids must be included in the diet along with OS 2. A carnitine supplement may be necessary.	For children with propionic academia or methylmalonic aciduria.	Non-grocery store pharmacy special order.		500g can – 2 cans/case	
<u>Osmolite</u> Manufacturer – Ross Form – RTU Category – A	X		Complete, isotonic, lactose- and gluten- free, low residue, low electrolyte liquid; contains soy/caseinates, cornstarch and safflower/canola/MCT oils; 31.3 cal/oz. Comparable formulas: Nutren 1.0, Isocal.	For people with fat maldigestion/malabsorption For children over 4 years and adults on electrolyte-restricted diets.	Pharmacy special order.			8 oz. can – 24 cans/case
<u>Osmolite 1 Cal</u> Manufacturer – Ross Form – RTU Category – A	X		Same as Osmolite (above) plus increased protein;; 31.3 cal/oz. Comparable formulas: IsoSource HN, Isocal Hn.	For persons above who are intolerant to hyper-osmolar feedings For children over 4 years and adults.	Pharmacy special order.			8 oz. can – 24 cans/case
<u>Osmolite 1.2 Cal (formerly HN Plus)</u> Manufacturer – Ross Form – RTU Category – A	X		Nutritionally complete, high-nitrogen, isotonic, lactose-free, gluten-free, low-residue supplement for oral or tube feeding. Contains MCT oil. 36cal/oz.	For persons with increased energy or protein needs with intolerance to hyper-osmolar feedings.	Pharmacy special order.			8 oz. can – 24 cans/case

M=Metabolic I=Infant P=Pediatric A=Adult

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<u>Pediasure</u> Manufacturer – Ross Form – RTU Category – P	X		Lactose and gluten free, isotonic, complete formula for supplement or sole source of nutrition; contains whey, sucrose, safflower/soy/coconut oils; 30 cal/oz. Comparable formulas: Kindercal, Resource Just for Kids.	For children 1 to 10 years.	Retail. Vanilla, Banana Cream, Strawberry, Chocolate and Orange Cream.			8 oz. can – 24 cans/case
<u>Pediasure Enteral</u> Manufacturer – Ross Form – RTU Category – P	X		Nutritionally complete, isotonic, gluten-free and lactose-free supplement 20% of fat is MCT oil. Oral or tube feeding. 30cal/oz. Comparable formula: Kindercal TF.	For children 1 to 13 years with chronic illness (e.g. CP, trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order. Vanilla.			8 oz. can – 24 cans/case
<u>Pediasure Enteral W/ Fiber</u> Manufacturer – Ross Form – RTU Category – P	X		Nutritionally complete, isotonic, gluten-free and lactose-free supplement with fiber. 20% of fat is MCT oil. Oral or tube feeding. 30cal/oz. Comparable formula: Kindercal TF with Fiber.	For children 1 to 13 years with chronic illness (e.g., CP, trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order. Vanilla.			8 oz. can – 24 cans/case
<u>Pediasure with Fiber</u> Manufacturer – Ross Form – RTU Category – P	X		Nutritionally complete, gluten-free and lactose free supplement with fiber. 20% of fat is MCT oil; 30 cal/oz. Comparable formula: Kindercal w/fiber.	For children 1 to 10 years.	Retail. Vanilla.			8 oz. can – 24 cans/case
<u>Pediatric E028</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder. only (RTU version is Pediatric E028) Category – P	X		Lactose, gluten, soy, and cow's milk free, elemental, complete formula; contains 100% free amino acids, maltodextrin/sucrose and MCT/canola oils; 30 cal/oz. prepared. Comparable formula: Vivonex Pediatric.	For ages 1 – 10, for GI tract impairment, GER and Eosinophilic Esophagitis.	Pharmacy special order. Orange/pineapple for Tetra Pacs.			8 oz. can – 24 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Pediatric E028 Extra</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – A/P	X		Synthetic amino acids comparable to human milk, elemental, complete formula: contains free amino acids, corn syrup, and canola/sunflower/MCT oils; 26 cal/oz. Comparable formulas: Peptamen, Vital HN, Vivonex Plus, Vivonex T.E.N.	For persons with GI impairment. Nutritional profile for adults.	Pharmacy special order.		100g packet – 10 pkts/case	8 oz. can – 24 cans/case
<u>Pediatric Peptinex DT</u> Manufacturer – Novartis Form – RTU Category – P	X		Nutritionally complete, lactose-free, gluten-free, cholesterol-free 100% peptide and free amino acid tube feeding formula. Contains 50% MCT oil. 30cal/oz.	For children ages 1-10 years with Crohn's disease, short bowel syndrome, malabsorption, intractable diarrhea or GI enterocutaneous fistula who are unable to tolerate, digest or absorb intact protein formulas.	Pharmacy special order.			8 oz. can – 24 cans/case
<u>Pediatric Peptinex DT w/Fiber</u> Manufacturer – Novartis Form – RTU Category – P	X		Nutritionally complete, lactose-free, gluten-free, cholesterol-free, 100% peptide and free amino acid tube feeding formula with fiber. Contains 50% MCT oil. 30cal/oz.	For children ages 1-10 years with Crohn's disease, short bowel syndrome, malabsorption, intractable diarrhea or GI enterocutaneous fistula who are unable to tolerate, digest or absorb intact protein formulas.	Pharmacy special order.			8 oz. can – 24 cans/case
<u>Pedite One+</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – P	X		Milk, lactose, galactose, and sucrose-free, semi-elemental formula, 35% of fat is MCT oil. Similar to Peptamen Junior and PRO Peptide for Kids. 30cal/oz.	For children with multiple food protein intolerance gastrointestinal tract impairment, or malabsorption. Not intended for infants under 1 year of age.	Pharmacy special order. Unflavored, banana.		51g packet – 15 pkts/case	8 oz. can – 24 cans/case
<u>Peptamen 1.5</u> Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, isotonic, lactose-free, peptide-based elemental liquid formula. 70% of fat is MCT oil. Contains partially hydrolyzed whey protein from cow's mil, 45cal/oz.	For persons with compromised GI function and increased calorie needs. May not be appropriate for individuals with food allergies.	Pharmacy special order. Vanilla, unflavored.			8 oz. can – 24 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Peptamen</u> Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, isotonic, lactose-free, elemental liquid formula. 70% of fat is MCT oil. Contains partially hydrolyzed whey protein from cow's milk. 30cal/oz.	For persons with GI impairment, e.g. short bowel syndrome, inflammatory bowel disease, chronic diarrhea pancreatic insufficiency, delayed emptying of the stomach or radiation enteritis. May not be appropriate for individuals with food allergies.	Pharmacy special order. Vanilla, unflavored.			8 oz. can – 27 cans/case
<u>Peptamen Junior</u> Manufacturer – Nestle Form – Powder, RTU Category – P	X		Nutritionally complete, low-residue, lactose-free, elemental diet for oral or tube feeding. 60% of fat is MCT oil. Contains partially hydrolyzed whey protein from cow's milk. 30cal/oz. Cpmarable formula: Pepdite One.	For children with GI impairment, e.g., inflammatory bowel disease, cystic fibrosis, cerebral palsy, or short bowel syndrome. May not be appropriate for individuals with food allergies.	Pharmacy special order. Unflavored, vanilla, chocolate, Strawberry.		10 – 400g cans – 12 cans/case	8 oz. can – 27 cans/case 8oz Tetra Pac
<u>Peptamen Junior w/Prebio</u> Manufacturer – Nestle Form – RTU Category – P	X		Nutritionally complete, low-residue, lactose-free, elemental diet for oral or tube feeding. Contains 3.6g/L dietary fiber blend consisting of FOS and insulin. 60% of fat is MCT oil. Contains partially hydrolyzed whey protein from cow's milk. 30cal/oz.	For children with GI impairment, e.g., inflammatory bowel disease, cystic fibrosis, or short bowel syndrome. May not be appropriate for individuals with food allergies.	Pharmacy special order. Unflavored, vanilla.			250 ml can – 24 cans/case
<u>Peptamen VHP</u> Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, very high-protein, elemental liquid formula for oral feeding. 70% of fat is MCT oil. Contains partially hydrolyzed whey protein from cow's milk. 30cal/oz.	For persons with GI impairment and elevated protein requirements, e.g., protein-losing malabsorption, HIV/AIDS, or chronic diarrhea in persons with pressure ulcers. May not be appropriate for individuals with food allergies.	Pharmacy special order. Unflavored, Vanilla.			8.45 fl oz. can – 24 cans/case

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<u>Peptinex</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue, high-nitrogen. 100% peptide and free amino acid formula. Contains MCT oil. 30cal/oz.	For persons with malabsorption syndrome, Crohn's disease, GI enterocutaneous fistula, pancreatic disorders and short bowel syndrome.	Pharmacy special order. Creamy vanilla.			8.45 fl oz. can – 24 cans/case
<u>Peptinex DT</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, low residue elemental formula. Contains MCT oil. 30cal/oz.	For persons with malabsorption syndrome, Crohn's disease, GI enterocutaneous fistula, pancreatic disorders and short bowel syndrome.	Pharmacy special order. Unflavored.			250 ml can – 24 cans/case
<u>Perative</u> Manufacturer – Ross Form – RTU Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue partially hydrolyzed protein tube feeding formula. Contains MCT oil. 39cal/oz.	For metabolically stressed persons with injuries, e.g., multiple fractures, wounds, burns, surgery, pressure ulcers.	Pharmacy special order.			250 ml can – 24 cans/case
<u>Periflex</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M.P	X		Phenylalanine-Free, complete formula: contains free amino acids, corn syrup/sucrose, and canola/safflower/MCT oils; 30 cal/oz. (1:4 dilution).	For children with PKU.	Pharmacy special order. Flavoring available.		16 oz. can – 4 cans/case	250 ml can – 24 cans/case,
<u>PFD 1</u> Manufacturer – Mead Johnson Form – Powder Category – M/I/P	X		Amino acid and protein-free formula. Amino acids or protein must be supplied to support growth. Increased levels of B vitamins added for cofactor production. Not intended as a sole source of nutrition. 1 unpacked level scoop=4.5g powder.	For infants and toddlers with inborn errors of amino acid metabolism.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	250 ml can – 24 cans/case
<u>PFD 2</u> Manufacturer – Mead Johnson Form – Powder Category – M/P/A	X		Amino acid and protein-free formula. Amino acids or protein must be supplied to support growth. Not intended as a sole source of nutrition.	For children and adults with inborn errors of amino acid metabolism.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	250 ml can – 24 cans/case

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<u>Phenex 1</u> Manufacturer – Ross Form – Powder Category – M/I	X		Amino acid modified medical food with iron. Phenylalanine-free.	For infants and toddlers with phenylketonuria (PKU) or hyperphenylalaninemia.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	250 ml can – 24 cans/case
<u>Phenex 2</u> Manufacturer – Ross Form – Powder Category – M/P/A	X		Amino acid modified, phenylalanine-free medical food with iron.	For children and adults with phenylketonuria (PKU) or hyperphenylalaninemia.	Non-grocery store pharmacy special order. Unflavored, Vanilla.		14.1 oz. can – 6 cans/case	8oz Tetra Brik Pak (1 Brik Pak = 1 box) – 27 boxes/case
<u>Phenyl Free 1</u> Manufacturer – Mead Johnson Form – Powder Category – M/I/P	X		Phenylalanine-free food with iron. Not intended as a sole source of nutrition. Unpacked and level scoop=4.5 g powder.	For persons with hyperphenyl-alaninemia, including PKU.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	250 ml can – 24 cans/case
<u>Phenyl Free 2</u> Manufacturer – Mead Johnson Form – Powder Category – M/P/A	X		Phenylalanine-free food with iron. Not intended as a sole source of nutrition. 1 packed and level scoop=17.6 g powder.	For persons with hyperphenyl-alaninemia, including PKU.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	8 oz. can – 24 cans/case
<u>Phenyl Free 2HP</u> Manufacturer – Mead Johnson Form – Powder Category – M/P/A	X		Phenylalanine-free food with iron. Higher in protein than Phenyl Free 2. Not intended as a sole source of nutrition. 1 packed level scoop=16.3 g powder.	For persons with hyperphenyl-alaninemia, including PKU.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	
<u>PhenylAde AA Blend</u> Manufacturer – Applied Nutrition Form – Powder Category – M/P/A	X		Amino acid modified, phenylalanine free, medical food.	For children and adults with phenylketonuria (PKU). Not for children under one year of age.	Non-grocery store pharmacy special order. Unflavored.		454g can – 4 cans/case	

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>PhenIAd Drink Mix</u> Manufacturer – Applied Nutrition Form – Powder Category – M/P/A	X		Amino acid modified, phenylalanine-free, medical food.	For children and adults with phenylketonuria (PKU). Not for children under one year of age.	Non-grocery store pharmacy special order. Vanilla, strawberry, orange crème.		454g can – 4 cans/case	
<u>PhenIAd MTE AA Blend</u> Manufacturer – Applied Nutrition Form – Powder Category – M/P/A	X		Amino acid modified, phenylalanine-free medical food.	For children and adults with phenylketonuria (PKU). Not for children under one year of age.	Non-grocery store pharmacy special order. Unflavored.		454g can – 4 cans/case	
<u>Phlexy – 10 Drink Mix</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P/A	X		Phenylalanine-free, vitamin and mineral free, fat-free medical food. Fat must be included in the diet. Not intended as a sole source of nutrition.	For children older than one year and women with phenylketonuria. Not for children under one year of age.	Non-grocery store pharmacy special order. Blackcurrant/apple tropical surprise.		20g packet – 30 pkts/case	
<u>PKU1</u> Manufacturer – Milupa/ Nutricia North America Form – Powder Category – M/I	X		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	For infants with hyperphenylalaninemia, including PKU.	Non-grocery store pharmacy special order.		500g can – 2 cans/case	
<u>PKU 2</u> Manufacturer – Milupa/Nutricia North America Form – Powder Category – M/P	X		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	For children with hyperphenylalaninemia, including PKU.	Non-grocery store pharmacy special order.		500g can – 2 cans/case	

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<u>PKU 3</u> Manufacturer – Milupa/Nutricia North America Form – Powder Category – M,P,A	X		Phenylalanine-free, complete formula, contains free amino acids, vitamins, minerals and trace elements. Comparable formula: XPHF Maxamum.	For children, adults and maternal hyperphenylalanemia, including PKU.	Non-grocery store pharmacy special order.		500 g can – 2 cans/case	
<u>Polycose</u> Manufacturer – Ross Form – Powder, RTU Category – I, P, A	X		Modular carbohydrates supplement for increased calories such as persons with restrictions in fat, protein and electrolytes; contains glucose; 23 cal/Tbsp. Powder or 60 cal/oz. liquid. Comparable formula: Modulac.	Is not a complete food. Do not administer undiluted to infants.	Pharmacy special order.		12.3 oz. can – 6 cans/case	
<u>Portagen</u> Manufacturer – Mead Johnson Form – Powder Category – M/P/A	X		Not nutritionally complete, milk based, lactose-free nutritional supplement. For oral or tube feeding 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; 30cal/oz. Not recommended for infants under 1.	For children and adults who do not efficiently digest or absorb conventional fat and long chain fatty acids, e.g., pancreatic insufficiency, bile acid deficiency, or lymphatic anomalies.	Pharmacy special order.		16 oz. can – 6 cans/case	
<u>Pro-Phree</u> Manufacturer – Ross Form – Powder Category – I, P	X		Protein-free energy module with iron, vitamins and minerals. Provides 49% of energy as fat. Supplemented with L-carnitine, taurine, selenium, calcium and phosphorus. . 1T=7g, 1C=107g.	For infants or toddlers requiring reduced protein intake, specific L-amino acids or increased energy, minerals and vitamins.	Non-grocery store pharmacy special order.	14.0 oz. (400) cans – 6 cans/case		
<u>Product 3200AB</u> Manufacturer – Mead Johnson Form – Powder Category – M/I/P	X		Low-tyrosine and phenylalanine powder.	For persons with hereditary tyrosinemia type II or other disorders of tyrosine metabolism.	Non-grocery store pharmacy special order.		16 oz. can – 6 cans/case	

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<u>Product 3232A</u> Manufacturer – Mead Johnson Form – Powder Category – M/I/P	X		Protein hydrolysate formula base with iron. For use with added carbohydrate. Adequate carbohydrate must be supplied.	For children with disaccharidase deficiencies, impaired glucose transport, intractable diarrhea of infancy. Some medical conditions may necessitate issuing to older infants.	Non-grocery store pharmacy special order.		16 oz. can – 6 cans/case	
<u>ProMod</u> Manufacturer – Ross Form – Powder Category – I, P, A	X		Modular protein: contains whey protein and soy lecithin, 28 cal/scoop.	For persons with increased protein needs. Not for infant use. Not to be used alone.	Non-grocery store pharmacy special order.		9.7 oz. can – 6 cans/case	
<u>Promote</u> Manufacturer – Ross Form – RTU Category – I/P/A	X		Nutritionally complete, high-protein formula. For oral or tube feeding. Contains MCT oil. 30cal/oz.	For persons with pressure sores, infection, injury or recovering from surgery.	Non-grocery store pharmacy special order. Vanilla.			8 oz. can – 24 cans/case
<u>Promote w/Fiber</u> Manufacturer – Ross Form – RTU Category – A	X		Nutritionally complete, high-protein formula with fiber. For oral or tube feeding. Contains MCT oil. 30cal/oz.	For persons with pressure sores, infection, injury or recovering from surgery.	Non-grocery store pharmacy special order. Vanilla.			Is not available to WIC
<u>Propimex 1</u> Manufacturer – Ross Form – Powder Category – M/I	X		Amino acid modified medical food with iron. Methionine and valine-free. Low in isoleucine and threonine.	For infants and toddlers with propionic or methylmalonic academia.	Non-grocery store pharmacy special order.		14 oz. can – 6 cans/case	
<u>Propimex 2</u> Manufacturer – Ross Form – Powder Category – M/P/A	X		Amino acid modified medical food with iron. Methionine and valine-free. Low in isoleucine and threonine.	For children and adults with propionic or methylmalonic academia.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>ProViMin</u> Manufacturer – Ross Form – Powder Category – I/P	X		Metabolic product, Protein/iron supplement. 9.4 cal/Tbsp.	For infants and children with chronic diarrhea/malabsorption disorders requiring fat and carbohydrate restrictions.	Non-grocery store pharmacy special order.		5.3 oz. can – 6 cans/case	

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<u>Pulmocare</u> Manufacturer – Ross Form – RTU Category – A	X		Complete high fat, low carbohydrate supplement designed, contains caseinates, sucrose/cornstarch, and canola/MCT oils; 45 cal/oz.	For the dietary management of pulmonary insufficiency For children age 4 years and adults.	Non-grocery store pharmacy special order. Vanilla and strawberry.			8 oz. can – 24 cans/case
<u>RCF (Ross Carbohydrate Free)</u> Manufacturer – Ross Form – Conc. Category – M/I/P	X		Carbohydrate-free, soy protein formula base, with iron. Carbohydrate source must be added separately. 20cal/oz.	For infants and children unable to tolerate the type or amount of carbohydrate in milk or conventional formulas; or seizure disorders requiring a ketogenic diet.	Non-grocery store pharmacy special order.	13 oz. can – 12 cans/case		
<u>Renalcal</u> Manufacturer – Nestle Form – RTU Category – A	X		High calorie, low-electrolyte, lactose-free, gluten-free, low-residue supplement. 70% of fat is MCT oil. Not intended as sole source of nutrition. 60cal/oz.	For persons with renal failure.	Non-grocery store pharmacy special order. Unflavored.			8 oz. can – 24 cans/case
<u>Replete</u> Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, high-protein, isotonic, lactose-free, gluten-free oral or tube feeding supplement. 25% of fat is MCT oil. 30cal/oz.	For persons with a need for high protein such as pressure ulcers, surgical conditions, or burns.	Non-grocery store pharmacy special order. Vanilla.			8 oz. can – 24 cans/case
<u>Replete w/ Fiber</u> Manufacturer – Nestle Form – RTU Category – A	X		Nutritionally complete, high-protein, isotonic, lactose-free, gluten-free oral or tube feeding supplement with fiber. 25% of fat is MCT oil. 30cal/oz.	For persons with a need for high protein such as pressure ulcers, surgical conditions, or burns.	Non-grocery store pharmacy special order. Vanilla.			8 oz. can – 24 cans/case
<u>Resource 2.0</u> Manufacturer – Novartis Form – Powder Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue, calorie dense, high-protein, balanced formula with reduced sodium. Contains MCT oil. 60cal/oz., Comparable to: Two Cal HN, and Nutren 2.	For persons on a fluid restricted diet or with increased caloric needs.	Pharmacy special order. Vanilla, orange crème.			8 oz. box (Tetra-Brik 7) 27 boxes/case

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<u>Resource Beneprotein</u> Manufacturer – Novartis Form – Powder Category – I/P/A	x		High protein, gluten-free, lactose-free medical food. Not intended as a sole source of nutrition. 1 scoop=6gms protein and 25 calories.	For persons with increased protein needs or other conditions such as renal disease, or volume sensitivity.	Pharmacy special order.		8 oz. can – 6 cans/case	
<u>Resource Diabetic</u> Manufacturer – Novartis Form – RTU Category – A	x		Nutritionally balanced, lactose-free, gluten-free supplement with fiber for persons with diabetes. 32cal/oz.	For persons with type I or II diabetes.	Pharmacy special order. French vanilla, classic chocolate, creamy strawberry.			8 oz. can – 24 cans/case
<u>Resource Just for Kids</u> Manufacturer – Novartis (Formerly Sandoz) Form – RTU Category – A	X		High calorie, lactose free, low renal solute load, flavored, complete formula; contains caseinates, corn starch, and sunflower/soy/MCT oils; 30 cal/oz. Comparable formula: Pediasure.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order. Vanilla, Chocolate, Strawberry.			8 oz. box (Tetra-Brik 7) 27 boxes/case
<u>Resource Just for Kids w/Fiber</u> Manufacturer – Novartis Form – RTU Category – P	X		Nutritionally complete, lactose-free supplement with fiber. Contains MCT oil. 30cal/oz. Comparable formulas: Kindercal w/Fiber, Pediasure w/Fiber, and Nutren Junior w/Fiber.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order. French vanilla.			250 ml can – 24 cans/case
<u>Resource Just for Kids1.5 Cal</u> Manufacturer – Novartis Form – RTU Category – P	X		Nutritionally complete, lactose-free, gluten-free, low-residue supplement. Contains MCT oil. 45cal/oz.	For children 1 to 10 year's chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order. French Vanilla.			250 ml can – 24 cans/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Resource Just for Kids1.5 Cal w/Fiber</u> Manufacturer – Novartis Form – RTU Category – P	X		Nutritionally complete, lactose-free, gluten-free with fiber. Contains MCT oil. 45 cal/oz.	For children 1 to 10 years with chronic illness, (e.g., CP or trauma) or oral motor feeding problems. Some medical conditions may necessitate issuing to older infants.	Pharmacy special order. French Vanilla.			250 ml can – 24 cans/case
<u>Scandical</u> Manufacturer – Scandipharm Form – Powder Category – P/A	X		Gluten-free, nutritionally incomplete high calorie supplement added to food or beverages. 35 cal/T.	For persons who need to gain weight with medical conditions.	Pharmacy special order.		8 oz. can – 6 cans/case	8 oz. box – 27 boxes/case
<u>Scandishake</u> Manufacturer – Scandipharm Form – Powder Category – P/A	X		Nutritionally incomplete, high-calorie, gluten-free supplement when mixed with whole milk. 440 cal/packet.	For persons who need to gain weight with conditions such as cancer or cystic fibrosis.	Pharmacy special order. Vanilla, chocolate, strawberry.		3 oz. packet – 4 pkts/box	
<u>Scandishake w/Aspartame</u> Manufacturer – Scandipharm Form – Powder Category – P/A	X		Nutritionally incomplete, high-calorie, gluten-free supplement sweetened with aspartame, when mixed with whole milk. 440 cal/packet.	For persons who need to gain weight with conditions such as cancer or cystic fibrosis.	Pharmacy special order. Vanilla, chocolate.		3 oz. packet – 4 pkts/box	8 oz. Tetra Brik Pak (1 Brik Pak= 1 box) – 27 boxes/case
<u>Scandishake Lactose Free</u> Manufacturer – Scandipharm Form – Powder Category P/A	X		Nutritionally incomplete, high-calorie, lactose-free, gluten-free supplement when mixed with soy beverage. 430 cal/packet.	For persons who need to gain weight with conditions such as cancer or cystic fibrosis.	Pharmacy special order. Vanilla, chocolate.		3 oz. packet – 4 pkts/box	8 oz. box (Tetra-Brik 7) – 27 boxes/case
<u>SHMF(Similac Human Milk Fortifier)</u> Manufacturer – Ross Form – Powder Category – I	X		One packet added to 25 ml of human milk adds 4 cal/oz.; one packet added to 50 ml adds 2 cal/oz. Comparable formula: Enfamil HMF.	For low birth weight and/or premature infants as a supplement to add to breast milk until the infant reaches 8lbs (or 3600g) in weight.	Special hospital order.		0.90g packet – 50 pkts/carton 3 crtns/case	

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<u>Similac Advance</u> Manufacturer – Ross Form – Conc., Powder, RTU Category – I		X	Iron-fortified, milk-based infant formula with LCPUFA's docosahexaenoic acid (DHA) and arachidonic acid (ARA) added. 20cal/oz. Comparable formula: Enfamil LIPIL	For the routine feeding of infants. Some medical conditions may necessitate issuing to children.	Retail.	13 oz. can – 12 cans/case	12.9 oz. can – 6 cans/case	32 oz - 6/case
<u>Similac Alimentum</u> Manufacturer – Ross Form – Powder Category –I	X		Complete formula with Sucrose/tapioca, and MCT/safflower/soy oil, contains amino acids. NOTE: Powered Alimentum differs from RTU in that it contains corn derivatives; 20 cal/oz. Comparable formulas: Nutramigen Pregestimil	For allergy and sensitivity to intact protein (milk or soy), lactose intolerance, protein and fat malabsorption, malnutrition, or cystic fibrosis.	Pharmacy special order.		16 oz. can – 6 cans/case	8 oz -6/can 32 oz btls – 6/case
<u>Similac Go & Grow Milk Based (Formerly Similac 2 Advance)</u> Manufacturer – Ross Form – Powder Category – I	X		Iron-fortified, milk-based infant formula with added calcium, phosphorus and LCPUFA's (DHA) docahexaenoic acid and ARA (arachdonic acid). 20cal/oz. Comparable formulas: Next Step Lipil and Good Start 2 Essentials.	For routine feeding of toddlers up to 18 months of age.	Retail.		12.9 oz. can – 6 cans/case	
<u>Similac Go & Grow Soy Based (Formerly Isomil 2 Advance)</u> Manufacturer – Ross Form – Powder Category – I	X		Iron-fortified, soy-based infant formula with added calcium, phosphorus and LCPUFA's (DHA) docahexaenoic acid and ARA (arachdonic acid). 20cal/oz. Comparable formula: Enfamil NEXT STEP Prosobee LIPIL	For routine feeding of toddlers up to 18 months of age.	Retail.		12.9 oz. can – 6 cans/case	
<u>Similac Isomil Advance</u> Manufacturer – Ross Form – Conc., Powder, RTU Category – I		X	Milk-free, lactose-free, iron-fortified soy protein infant formula with LCPUFA's docsaheaxenoic acid (DHA) and arachidonic acid (ARA) added. Contains sucrose and corn syrup solids. 20cal/oz. Comparable formulas: Prosobee Lipil, Alsoy	For infants with Cow's milk allergy, lactose intolerance or galactosemia. Powder should be supplied for infants with galactomia. Some medical conditions may necessitate issuing to children.	Retail.	13 oz. can – 12 cans/case	12.9 oz. can – 6 cans/case	32 oz. bottle 6/case

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<u>Similac Isomil DF</u> Manufacturer – Ross Form – RTU Category – I / P	X		Short term soy feeding with fiber for diarrhea in infants 6 months and older, and toddlers; contains soy protein, corn syrup/sucrose, and soy/coconut oils; 20 cal/oz.	Do not use for infants with constipation or infants less than 6 months of age	Retail.			8 oz. can 6/carton 32 oz. bottle 6/case
<u>Similac (Low Iron)</u> Manufacturer – Ross Form – Powder, RTU Category – I	X		Milk based infant formula with low iron. Contains cow's milk, lactose, and soy/coconut oils. 20 cal/oz. Comparable formula: Enfamil (low iron).	For documented medical need for low iron. A medical condition does not include: gas, bloating, constipation, diarrhea, or formula intolerance.	Retail.		12.9 oz. can – 6 cans/case	32 oz can – 6 cans/case
<u>Similac Neosure (22 Cal)</u> Manufacturer – Ross Form – RTU, Powder Category – I	X		Iron-fortified, high protein, vitamin, and mineral formula for pre-term and/or low birth weight infants. 25% of fat is MCT oil. Contains DHA and ARA. 22 cal/oz. Comparable formulas: EnfaCare Lipil.	For pre-term and/or low birth weight infants.	Pharmacy special order.		12.8 oz. cans – 6 cans/case	2 oz. nursette 48/case 32 oz. bottle 6 btls/case
<u>Similac PM 60/40 Low Iron</u> Manufacturer – Ross Form – Powder Category – 1	X		Whey; casein (60:40) protein dominant, low-iron infant formula. Lower in minerals and electrolytes. Additional iron should be supplied from other sources. 20 cal/oz.	For infants with hypercalcemia or impaired renal function.	Pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>Similac Sensitive (Formerly Similac Lactose Free Advance)</u> Manufacturer – Ross Form – Conc., Powder, RTU Category – I		X	Contains DHA and ARA. For lactose-intolerant persons who can digest cow's milk protein, corn syrup, sucrose, and soy/coconut oils; 20 ca/oz. Comparable formulas: Prosobee Lipil, Alimentum Advance, Nutramigen Lipil.	Use for mild diarrhea, cramping, bloating gas.	Retail	13 oz. can – 12 cans/case	12.9 oz can – 6 cans/case	32 oz. can – 6 cans/case

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<u>Similac Sensitive R.S.</u> Manufacturer – Ross Form – RTU Category – I	X		Milk-based, lactose-free formula for tolerance-associated symptoms due to lactose sensitivity. 20 cal/oz.	For infants with lactose intolerance, not intended for infants or children with Galactosemia.	Retail			32 oz-6 btl/case
<u>Similac Special Care 20 w/Iron</u> Manufacturer – Ross Form – RTU <u>Category – I</u>	X		Contains DHA and ARA; contains corn syrup, cow's milk and soy/coconut/safflower oils; 20 cal/oz. Comparable formulas Enfamil Premature LIPIL with Iron (20 cal).	For low birth weight premature infants with increased caloric, calcium and phosphorous needs. For premature and low birth weight infants until they reach a weight of 8 pounds	Non-grocery store pharmacy special order.			2 oz. nursette Bottles 48/case
<u>Similac Special Care 20 Low Iron</u> Manufacturer – Ross Form – RTU <u>Category – I</u>	X		Contains DHA and ARA; contains corn syrup, cow's milk and soy/coconut/safflower oils; 20 cal/oz. Comparable formulas: Enfamil Premature LIPIL with Low Iron (20 cal).	For infants with documented medical need for low iron. Medical conditions may include vitamin E hemolytic anemia (0 to 3 months) or thalassemia major. Medical conditions do not include: gas bloating, constipation, diarrhea, or formula intolerance.	Non-grocery store pharmacy special order.			2 oz. nursette Bottles 48/case
<u>Similac Special Care 24 w/Iron</u> Manufacturer – Ross Form – RTU Category – I	X		Contains DHA and ARA; contains corn syrup, cow's milk and soy/coconut/safflower oils; 24 cal/oz. Comparable formulas: Enfamil Premature with Iron (24 cal).	For premature infants with increased caloric, calcium and phosphorous needs. For premature and low birth weight infants until they reach a weight of 8 pounds.	Non-grocery store pharmacy special order.			2 oz. nursette Bottles 48/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Similac Special Care 24 Low Iron</u> Manufacturer – Ross Form – RTU Category – I	X		Contains DHA and ARA; contains corn syrup, cow's milk and soy/coconut/safflower oils; 24 cal/oz. Comparable formulas: Enfamil Premature LIPIL with Low Iron (24 cal).	For infants with documented medical need for low iron. Medical conditions may include vitamin E hemolytic anemia (0 to 3 months) or thalassemia major. Medical conditions do not include: gas bloating, constipation, diarrhea, or formula intolerance.	Non-grocery store pharmacy special order.			2 oz. nursette Bottles 48/case
<u>Similac Special Care 30 w/Iron</u> Manufacturer – Ross Form – RTU Category – I	X		Contains DHA and ARA; contains corn syrup, cow's milk and soy/coconut/safflower oils; 30 cal/oz. Can be mixed to a variety of caloric densities (26, 27, 28 cal) and can be used as a sole source feeding or human milk fortifier.	For very low-birth weight infants that are susceptible to GI complications and therefore, feeding should be initiated cautiously. Help to maximize nutrient intake during periods of fluid restriction.	Non-grocery store pharmacy special order.			2 oz. nursette Bottles 48/case
<u>Subdue</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, high-protein, lactose-free, peptide-based elemental diet for oral or tube feeding 52% of fat is MCT oil. 30cal/oz.	For persons with malabsorption, Crohn's disease, chronic diarrhea, transitional feeding from TPN, pancreatic disorders, GI Surgery, short bowel syndrome, and inflammatory bowel disease.	Pharmacy special order. Rich chocolate, orange vanilla.		12.9 oz. can – 6 cans/case	4 oz. nursette bottles – 24 btl/case
<u>Subdue Plus</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, high-protein, lactose-free, peptide-based elemental diet for oral or tube feeding. 47% of fat is MCT oil. 44cal/oz.	For persons with malabsorption, inflammatory bowel disease, fluid volume restrictions, chronic diarrhea, pancreatic insufficiency, or trauma.	Pharmacy special order. Unflavored.			4 oz. bottle – 48 btl/case 32 oz. bottle – 6 bottles/case

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<u>Super Soluble Duocal</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – I,P, A	X		High calorie, protein and lactose free, carbohydrate and fat supplement. 4.9 cal/g. 42 cal/level tbsp.	For person requiring an energy supplement with protein, electrolyte, and/or fluid restriction. Not to be used alone.	Pharmacy special order.		14 oz. can – 4 cans/case	
<u>Suplena</u> Manufacturer – Ross Form – RTU Category – I	X		High calorie, low-nitrogen, low electrolyte, complete formula; contains caseinates, sucrose/maltodextrins, and safflower/soy oils, 59.4 cal/oz. Comparable formulas: Renalcal Diet, Nepro.	For person requiring protein and fluid restriction.	Pharmacy special order. Vanilla.			8 oz. can – 24 cans/case
<u>Tolorex</u> Manufacturer – Novartis Form – Powder Category – A	X		Nutritionally complete, lactose-free, gluten-free, low-residue, elemental diet containing 100% free amino acids. 30cal/oz.	For persons with impaired digestion and absorption or specialized nutrient needs such as food allergies.	Pharmacy special order. Unflavored.		2.82 oz. packet – 60 pkts/case	
<u>TraumaCal</u> Manufacturer – Novartis Form – RTU Category – A	X		Nutritionally complete, high-calorie, high-nitrogen, lactose-free, formula. 45cal/oz.	For persons with hypemetabolic states such as multiple trauma, major burns or cancer.	Non-grocery store pharmacy special order. Vanilla.			4 oz. nursette bottles – 24 btls/case
<u>Two Cal HN</u> Manufacturer – Ross Form – RTU Category – A	X		High calorie, High nitrogen, lactose free complete formula; contains caseinates, maltodextrin/sucrose, and corn/MCT oils; 60 cal/oz. Comparable formula: Nutren 2.	used as supplement for patients whose food intake is low or whose fluid intake is restricted For adults and children over 4 years.	Pharmacy special order. Vanilla, butter pecan.			8 oz. can- 4-6pk/case 32oz. bottle – 6btl/case
<u>TYR 1</u> Manufacturer – Milupa North America Form – Powder Category – M/I	X		Mixture of L-amino free of phenylalanine and tyrosine, enriched with vitamins and minerals. Not intended as a sole source of nutrition.	For infants with tyrosinemia type I, inherited; tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richer-Hanhart Syndrome).	Non-grocery store pharmacy special order.		500g can – 2 cans/case	8 oz. can – 4-6pk/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>TYR2</u> Manufacturer – Milupa North America Form – Powder Category – M/P/A	X		Mixture of L-amino acids free of phenylalanine and tyrosine, enriched with vitamins and minerals. Not intended as a sole source of nutrition.	For children and adults with tyrosinemia type I, inherited; tyrosinemia type II, due to tyrosine aminotransferase deficiency (Richner-Hanhart Syndrome).	Non-grocery store pharmacy special order.		500g can – 2 cans/case	8 oz. can – 24 cans/case
<u>Tyrex 1</u> Manufacturer – Ross Form – Powder Category – M/I	X		Amino acid modified medical food with iron. Phenylalanine and tyrosine-free. Not intended as a sole source of nutrition.	For infants and toddlers with tyrosinemia type I, II, or III.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	
<u>Tyrex 2</u> Manufacturer – Ross Form – Powder Category – M/P/A	X		Phenylalanine and tyrosine-free formula. Increased levels of B-vitamins for cofactor production. Contains sucrose. Not intended as a sole source of nutrition. 1 unpacked level scoop=4.5g powder.	For children and adults with tyrosinemia type I, II, or III.	Non-grocery store pharmacy special order.		14.1 oz. can – 6 cans/case	8 oz. can – 24 cans/case
<u>TYROS 1</u> Manufacturer – Mead Johnson Form – Powder Category – M/I/P	X		Phenylalanine and tyrosine-free formula. Increased levels of B-vitamins for cofactor production. Contains sucrose. Not intended as a sole source of nutrition. 1 unpacked level scoop=4.5g powder.	For infants and toddlers with tyrosinemia or other inborn errors of tyrosine metabolism.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	
<u>TYROS 2</u> Manufacturer – Mead Johnson Form – Powder Category – M/P/A	X		Phenylalanine and tyrosine-free formula. Not intended as a sole source of nutrition. 22g protein equivalents/100g powder. 1 packed level scoop=17g powder.	For children and adults with tyrosinemia or other inborn errors of tyrosine metabolism.	Non-grocery store pharmacy special order. Vanilla flavor.		16 oz. can – 6 cans/case	8 oz. can – 24 cans/case

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<u>UCD1</u> Manufacturer – Milupa North America Form – Powder Category – M/I	X		Mixture of all essential L-amino acids, enriched with vitamins and minerals. Not intended as a sole source of nutrition.	For infants with hyper-ammonemia type I, due to carbamyl-phosphate-synthetase deficiency (arginine to be added); hyperammonemia type II, due to ornithine carbonyl-transferase deficiency (arginine to be added); hyperargininemia; or hyperornithinemia.	Non-grocery store pharmacy special order.		500g can – 2 cans/case	8 oz. can – 24 cans/case
<u>UCD2</u> Manufacturer – Novartis Form – RTU Category – A	X		Mixture of all essential L-amino acids, enriched with vitamins and minerals. Not intended as a sole source of nutrition.	For children and adults with hyper-ammonemia type I, due to carbamyl-phosphate-synthetase deficiency (arginine to be added); hyperammonemia type II, due to ornithine carbonyl-transferase deficiency (arginine to be added); hyperargininemia; or hyperornithinemia.	Non-grocery store pharmacy special order.		500g can – 2 cans/case	
<u>Ultracal</u> Manufacturer – Novartis Form – RTU Category – A	X		Moderately high-nitrogen, isotonic, lactose-free formula. Contains oat and soy fiber. 30% of fat is MCT oil. 31cal/oz.	For persons with general tube feeding nutrition. Used to normalize bowel function.	Pharmacy special order. Unflavored.			8 oz can – 24 cans/case 32 oz. can – 6 cans/case
<u>Vital High Nitrogen</u> Manufacturer – Ross Form – Powder Category – A	X		Nutritionally complete, high-nitrogen, low-residue, partially hydrolyzed diet for oral or tube feeding. 30cal/oz. Comparable formulas: Vivonex TEN.	For persons with impaired digestion or absorption, cancer, fistulas, inflammatory bowel disease, cystic fibrosis and pancreatitis. For adults and children over 4 years.	Pharmacy special order. Vanilla.		2.79 oz packet – 6 pkts/case	

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<u>Vivonex</u> Manufacturer – Novartis Form – RTU Category – A	X		Lactose-free, gluten-free, low-residue nutritionally-complete elemental formula. Contains 100% free amino acids. Contains MCT oil. 30cal/oz.	For persons with gastro-intestinal impairment such as Crohn's disease, short bowel syndrome, and transition from TPN.	Pharmacy special order. Unflavored.			
<u>Vivonex Pediatric</u> Manufacturer – Novartis Form – Powder Category – P	X		100% amino acid formula, nutritionally complete, isotonic formula; contains maltodextrin starch, MCT/soybean oil; 220 cal per 250 ml. Comparable formula: Neocate 1+.	For impaired GI function and as a step down from TPN For children ages 1-10.	Pharmacy special order. Unflavored. Flavoring sold separately.		1.7 oz. packet – 36 pkts/case	
<u>Vivonex Plus</u> Manufacturer – Novartis Form – Powder Category – A	X		Elemental, high nitrogen formula with 100 % free amino acids; contains free amino acids, maltodextrin/starch, and soy oil; 30 cal/oz. Comparable formulas: Peptamen VHN, Vital HN, AlitraQ, Vivonex Plus.	For persons with GI disorders.	Pharmacy special order.		2.8 oz. packet 36 pkts/case	
<u>Vivonex T.E.N.</u> Manufacturer – Novartis Form – Powder Category – A	X		Elemental, complete formula with glutamine and 100% free amino acids: maltodextrin/starch, and safflower oil; 30 cal/oz. . Comparable formulas: Peptamen VHN, Vital HN, AlitraQ, Vivonex Plus.	For persons with GI impairment.	Pharmacy special order. Flavor packets sold separately.		2.84 oz. packet – 60 pkts/case	
<u>WND1</u> Manufacturer – Mead Johnson Form – Powder Category M/I/P Level -	X		Non-essential amino acid-free iron-fortified product. Not intended as a sole source of nutrition. Increased levels of B-vitamins for cofactor production. Sucrose added. 1 unpacked level scoop=4.5g powder.	For infants and toddlers with urea cycle disorders.	Non-grocery store pharmacy special order. Vanilla scent.		16 oz. can – 6 cans/case	
<u>WND 2</u> Manufacturer – Mead Johnson Form – Powder Category – M/P/A	X		Non-essential amino acid-free iron-fortified product. Not intended as a sole source of nutrition. 8.2g protein equivalents/100g powder. 1 packed level scoop=17g powder.	For children and adults with urea cycle disorders.	Non-grocery store pharmacy special order. Vanilla flavor.		16 oz. can – 6 cans/case	8 oz can – 24 cans/case 32 oz. can – 6 cans/case

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<u>XLLeu Analog</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition.	For infants with isovaleric academia and other disorders of leucine metabolism.	Non-grocery store pharmacy special order. Unflavored.		16 oz. can – 6 cans/case	
<u>XLLeu Maxamaid</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P	X		Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition.	For children 1 to 8 years of age with isovaleric academia and other disorders of leucine metabolism.	Non-grocery store pharmacy special order. Orange.		400g can – 4 cans/case	
<u>XLLeu Maxamum</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/A	X		Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition.	For children over 8 years and adults with isovaleric academia and other disorders of leucine metabolism.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	250 ml can – 24 cans/case
<u>XLvs.XTrp Maxamaid</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P	X		Lysine and tryptophan-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition.	For children 1 to 8 years of age with glutaric aciduria type I.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	
<u>XLvsXTrp Maxamum</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/A	X		Lysine and tryptophan-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition.	For children over 8 years and adults with bluatric aciduria type I.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	

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Formula Name	WRITTEN APPROVAL?		DESCRIPTION	INDICATIONS	ISSUANCE INFORMATION	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>XLvs, XTrp Analog</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Lysine and tryptophan-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition.	For infants with glutaric aciduria type I.	Non-grocery store pharmacy special order. Unflavored.		400g can – 4 cans/case	
<u>XMet Analog</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition.	For infants with proven vitamin B-6 non-responsive homocystinuria or hyper-methionemia.	Non-grocery store pharmacy special order. Unflavored.		400g can – 4 cans/case	
<u>XMet Maxamaid</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P	X		Methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition.	For children 1 to 8 years of age with proven vitamin B-6 non-responsive homocystinuria or hypermethioninemia.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	
<u>XMet Maximum</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/A	X		Methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition.	For children over 8 years and adults with proven vitamin B-6 non-responsive homocystinuria or hypermethioninemia.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	
<u>XMTVI Analog</u> Manufacturer – Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Methionine, threonine, valine-free, low isoleucine. Contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition.	For infants with methylmalonic acidemia vitamin B-12 non-responsive, or propionic academia.	Non-grocery store pharmacy special order. Unflavored.		400g can – 4 cans/case	

M=Metabolic I=Infant P=Pediatric A=Adult

ARIZONA WIC FORMULA LIST

FFY 2008

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	WRITTEN APPROVAL?		DESCRIPTION	INDICATIONS	ISSUANCE INFORMATION	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>XMTVI Maxamaid</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P	X		Methionine, threonine, valine-free, low isoleucine. Contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition.	For children 1 to 8 years of age with methylmalonic academia vitamin B-12 non-responsive, or propionic acidemia.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	
<u>XMTVI Maxamum</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/A	X		Methionine, threonine, valine-free, low isoleucine. Contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition.	For children over 8 years and adults with methylmalonic academia vitamin B-12 non-responsive, or propionic acidemia.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	
<u>XPhe Maxamaid</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/P	X		Phenylalanine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, fats, vitamins and minerals. Not intended as the sole source of nutrition.	For children 1 to 8 years of age with phenylketonuria.	Non-grocery store pharmacy special order. Orange, unflavored.		454g can – 4 cans/case	
<u>XPhe Maxamum</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/A	X		Phenylalanine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, fats, vitamins and minerals. Not intended as the sole source of nutrition.	For children over 8 years and adults with phenylketonuria, including maternal PKU.	Non-grocery store pharmacy special order. Orange, unflavored.		454g can – 4 cans/case	
<u>XPhe Analog</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Phenylalanine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, fats, vitamins and minerals. Not intended as the sole source of nutrition.	For infants with phenylketonuria.	Non-grocery store pharmacy special order. Unflavored.		400g can – 4 cans/case	

M=Metabolic I=Infant P=Pediatric A=Adult

ARIZONA WIC FORMULA LIST

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(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	WRITTEN APPROVAL?		DESCRIPTION	INDICATIONS	ISSUANCE INFORMATION	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>XPhe, XTyr Analog</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Phenylalanine and tyrosine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not intended as a sole source of nutrition.	For infants with tyrosinemia type I & II.	Non-grocery store pharmacy special order. Unflavored.		400g can – 4 cans/case	
<u>XPhe, XTyr Maxamaid</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Phenylalanine, tyrosine and methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not intended as the sole source of nutrition.	For children aged 1 to 8 years of age with tyrosinemia type I & II.	Non-grocery store pharmacy special order. Orange.		454g can – 4 cans/case	
<u>XPTM Analog</u> Manufacturer - Nutricia North America, (formerly SHS North America) Form – Powder Category – M/I	X		Phenylalanine, tyrosine and methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not intended as the sole source of nutrition.	For infants with tyrosinemia type I.	Non-grocery store pharmacy special order. Unflavored.		400g can – 4 cans/case	

Disclaimer: This formula list is intended for use by the Arizona WIC Program and is only to be used as a reference. Formula compositions may change or their names may change since this was last updated. Therefore, you should contact the formula company about a certain formula product change or the Arizona Department of Health Services WIC team for more information.

M=Metabolic I=Infant P=Pediatric A=Adult

Chapter Four

Food Package - Formula

Appendix E:

Arizona WIC Program Referral Form - Infant/Child

Arizona WIC Program Referral/Information Request Form – Infant and Child

Name: _____ Birthdate: _____

Name of parent or guardian: _____

Consent

I authorize the release of all medical information to the WIC Program.

Yo autorizo la divulgación de toda mi información médica al Programa de WIC.

Parent/Guardian Signature: _____ Date: _____

Medical Information Requested

Date of Measurements _____ Weight _____ Height _____ Hgb/Hct _____

Gestational Age _____

Medical Conditions:

- | | |
|--|---|
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Premature Infant |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Intolerance / Allergy to _____ |
| <input type="checkbox"/> IUGR/low weight | <input type="checkbox"/> Other: _____ |

Formula Requested

1. Formulas tried and specific reactions:

_____ Similac Advance _____
_____ Similac Isomil Advance _____
_____ Similac Sensitive _____
_____ Others _____

2. Formula Name: _____

3. Form (circle one): POWDER READY to FEED CONCENTRATE

(Powder will be provided if one is not circled)

4. Length of Issuance: _____

5. Medical reason for formula: _____

6. Special instructions: _____

Medical Provider:

Signature

Date

Printed Name/Title

Telephone

Chapter Four

Food Package - Formula

Appendix F:

AHCCCS Referral Letter

Date:

Re: (WIC Participant)

Dear Doctor,

Based on AHCCCS policy 430, WIC is referring AHCCCS covered WIC participants who receive enteral feedings or who qualify for medically necessary commercial oral nutritional supplements to their Primary Care Physician (PCP) for nutritional therapy.

According to AHCCCS policy 400 Section 430.C.5, Nutritional Assessment and Nutritional Therapy, “if an AHCCCS covered EPSDT member qualifies for nutritional therapy **due to a medical condition**, then AHCCCS Contractors are the primary payor for WIC-eligible exempt infant formulas and medical foods,” which includes commercial oral nutritional supplementation.

AHCCCS covers nutritional therapy for EPSDT-eligible members on an enteral, parenteral, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member’s daily nutritional and caloric intake. Prior authorization (PA) is required for commercial oral nutritional supplements.

The PCP or attending physician must complete and submit the AHCCCS approved form, “Certificate of Medical Necessity for Commercial Oral Nutritional Supplements” (Exhibit 430-3) to obtain PA from the Contractor. If the member meets two of the six criteria listed on the form, AHCCCS supplies the commercial oral nutrition supplements. Please complete the enclosed form and process the form as a prior authorization.

Thank you for working with us on this new procedure.

(Name) _____
(WIC Nutritionist)
(Local WIC clinic address)
(Phone number)

Chapter Four

Food Package - Formula

Appendix G:

Request for New Food Package Form

Request for New Food Package

If a local agency cannot locate an appropriate food package for a client, the local agency may contact the state Food Package Specialist with the information specified below to request a new food package.

Information Needed:

Date of Request: _____

Local Agency/Clinic: _____ Nutritionist Contact: _____

Doctor's Prescription: _____ Yes _____ No

Name of WIC Participant: _____

Participant ID: _____

Participant's Age: _____

Formula(s) Requested: _____

If more than one formula is being requested, include the Doctor's instruction regarding the number of cans for each type: _____

Outcome:

1. WIC Approved: _____ Yes _____ No*

Date Created: _____ Food Package # _____

Created By: _____

Note: Upon the creation of a food package it will be available for local agency use after the AIM end of day (EOD) processing. Local agency will be notified by E-mail or phone of the new food package number.

2. *If no, follow-up action: _____
